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ABSTRACT

This document contains the Pennsylvania Model Individualized Written Program Plan (IWPP) for vocational rehabilitation facilities and accompanying resource manual. The first part provides the IWPP form, which consists of a cover sheet, goal sheet, and performance notes; instructions for completing it; and an example of a completed form. An explanation of the IWPP review is also given. A glossary and list of suggested sources are appended. The second part, the manual, provides materials to assist staff of vocational rehabilitation facilities in implementing the IWPP. A section on developing and monitoring suggests a process for developing IWPPs, gives suggestions for prioritizing program goals and for writing progress notes, provides a suggested client interview guide for developing a strength/need list, makes suggestions for streamlining paperwork, and discusses writing clear, behavioral goals and objectives. Steps involved in self-surveys--a recommended process for monitoring IWPPs and preparing for licensing--are discussed. Sample forms are provided. Other sections discuss (1) strategies for involving the client as well as parents and relatives, (2) maximizing staff cooperation and special implementation problems, (3) coordination with the client's referral/sponsoring agency, and (4) general approaches and sample strategies for dealing with problem behaviors. (YLB)

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PENNSYLVANIA'S MODEL INDIVIDUALIZED WRITTEN PROGRAM PLAN FOR VOCATIONAL REHABILITATION FACILITIES

Development of this document was
coordinated by the Facilities Specialist
Unit, Office of Mental Retardation of
the Pennsylvania Department of Welfare

U.S. DEPARTMENT OF HEALTH,
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COMMONWEALTH OF PENNSYLVANIA
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OFFICE OF MENTAL RETARDATION
PETER P. POLLONI
DEPUTY SECRETARY

TELEPHONE
AREA CODE 717,
787-3700

June 28, 1978

Dear Service Provider:

Because of the need to deinstitutionalize clients and maintain public accountability, it is essential that every rehabilitation agency have the capacity to deliver services which effectively address the needs of individual clients. The tool most likely to insure the necessary accuracy and economy is the Individualized Written Program Plan.

The material in this booklet has been developed to assist rehabilitation agencies in preparing and implementing Individualized Written Program Plans. While its use is not mandatory, I encourage you to adopt as much as will benefit you in developing your agency's process for individualizing rehabilitation services. This material was designed to be compatable with federal and state regulations and program office standards.

I hope you will find this material useful and wish you continued success in serving handicapped persons.

Sincerely,

Peter P. Polloni

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INTRODUCTION

Background

The Individualized Written Program Plan (IWPP) is a client plan document developed through the efforts of the client, agency staff, referring agency representatives, consultants, and when appropriate, parents or guardians. The plan is prescriptive. It is the result of an interdisciplinary process which sets forth the goals and procedures on how to work toward those goals.

Legal Basis

Public Law 94-103, the *Developmentally Disabled Assistance and Bill Rights Act of 1975*, calls for an individualized habilitation plan and states that public funds (both federal and state) are to be withheld from agencies not meeting the general stipulations of the Act, including the habilitation plan. Public Law 93-112, the *Rehabilitation Act of 1973*, calls for an Individualized Written Rehabilitation Plan to be developed by state vocational rehabilitation agency counselors and any program receiving federal money. Public Law 94-142, the *1975 Education for All Handicapped Children Act*, requires the development of Individual Education Programs for all students with special needs. In Pennsylvania, the Department of Public Welfare 9056 *Regulations for Vocational Rehabilitation Facilities of 1977*, Public Law 31, call for an Individualized Written Program Plan for each client. The above laws and regulations make individual client planning a necessity in the vocational rehabilitation facility.

Description

The Individualized Written Program Plan, as defined by the Pennsylvania Department of Public Welfare 9056 Regulations, Consists of seven basic components, which are:

1) client involvement in the planning of the IWPP;

2) behaviors (needs) to be dealt with;

3) scheduled staff conferences consisting of persons responsible for development, implementation and followup for both the initial planning, as well as formal review of the IWPP's;

4) stated goals and specified program objectives for training;

5) a time framework estimating the amount of time necessary to achieve the goal and/or review progress towards attainment of that goal;

6) documentation of persons responsible for implementation of the plan; and

7) specific techniques to be used to bring about these behavior changes.

Format

No actual suggested format is provided in the regulations. It is understood that an agency may wish to devise its own IWPP format or modify an existing format to meet the specific requirements of the Department of Public Welfare 9056 Regulations, as well as the needs of the clients within the agency.

Development

The IWPP is developed as a result of a group process between the client and the interdisciplinary treatment team. The program manager, and the person(s) responsible for implementation of the IWPP need to be in attendance at the staffing where the IWPP is to be developed. When feasible, the client should also be in attendance. Other individuals, as specified in the introductory paragraph, should be extended an invitation to participate in the staffing. Documentation of these invitations should be included in the client's case record.

Although it is possible to develop a complete IWPP as a group effort during one staffing, this may prove to be a burdensome and time-consuming process. An alternative approach is to limit the initial IWPP staffing to identification of specific Overall Goals, Behaviors (Needs) and Program Goals (all items on the Cover Sheet and items A. through D. on the Goal Sheet). The final IWPP, including objectives Methods and Materials (items E. through I. on the Goal Sheet), can then be completed by the case manager, implementor and client.

Once staff become familiar with the IWPP, and the processes leading to the IWPP, it is expected that the time spent preparing for and participating in an IWPP staffing will decrease and take little more time than a traditional staffing. It is expected that the IWPP will lead to more constructive training which will help clients become more productive, independent, and self-fulfilled members of society.

THE INDIVIDUALIZED WRITTEN PROGRAM PLAN

Suggested Procedure for Development of IWPP

In order for the IWPP staffing to be productive, efficient, and a positive experience for the people involved, a planning process should be developed by each agency. A suggested procedure is presented below. This list can be modified to meet the specific needs of each agency.

Reference pages are in the Resource Manual to accompany the Pennsylvania Model Individualized Written Program Plan

1. The following persons should be present at IWPP development staffing.
    a. Client — if the client is not present an explanation should be given as to why. .... See resource manual p. 44
    b. Vocational Evaluator
    c. Program Manager
    d. Floor staff — who have worked with client .... See resource manual p. 54
    e. Referral/funding agency representative .... See resource manual p. 73
    f. Parents/guardians .... See resource manual p. 47
    g. Other involved individuals
2. Staffing participants notified
3. Relevant client information obtained: .... See resource manual p. 2
    a. Behavioral Assessments
    b. Psychological Reports
    c. Social Histories
    d. Medical information and activities limitations
    e. Reports from agencies to whom the client is known
    f. Vocational History
    g. Anecdotal Records
    h. Performance Records
        1. production records
        2. attendance records
        3. records from previous IWPP reviews
    i. Vocational Evaluation Reports

j. Other Intra-Agency Reports
    1. physical therapy
    2. occupational therapy
    3. speech therapy
    4. psychiatric
    5. residential services
    6. other

k. Consultations

l. Other Relevant Information

4. Staffing Held: Suggested Agenda

a. Convened by person responsible for staffing .... See resource manual p. 2

b. Summary of relevant client information

c. If possible, the client speaks about how he perceives his needs, his expectations from the VR facility, his personal goals, interests, etc. OR determination of extent of participation by another qualified individual acting as a personal advocate........................ See resource manual p. 44

d. Assignment to program area e.g. PWAT, WAC, or LTSE

e. Reassignment of program manager if applicable

f. Establishment of an overall goal related to movement of client to higher level programming .... See resource manual p. 5

g. Establishment of behaviors (needs) to be dealt with .... See resource manual pp. 5, 12

h. Determination of client strengths relative to behaviors (needs)........... See resource manual p. 12

i. Establishment of program goals .... See resource manual p. 5

j. Sign off of IWPP cover sheet by program manager and client

k. Determination of objectives by goal area

l. Determination of methodology and necessary materials .... See resource manual p. 76

m. Assignment of implementor

n. Determination of target date for each objective

o. Determination of method of evaluation

Items K, L, M, N, and O may be assigned to be completed after the IWPP Staffing Meeting.

After the establishment of the program goals, it is not required for all persons involved in the staffing to participate in the completion of the IWPP. The people required for the completion of the IWPP are the client and/or advocate, the program manager, and the implementor. Other people may participate if desired.

INDIVIDUALIZED WRITTEN PROGRAM PLAN

Cover Sheet

A. Heading:

Name ______________________

Date ______________________

Program Manager's Sign. ______________________

Client's Sign. ______________________

B. Program Assignment ______________________

IWPP to be reviewed by team every: (circle)

30 days
PWAT-OT

6 months
LTSE-WAC with
quarterly progress
by program manager

C. Overall Goal ______________________

D. Program Goals
Include strengths which require further development as well as deficits which require remediation

Program Goals	*Implementor*	*Date Initiated*	*Date Completed*

E. Roster of Participants in Initial I.W.P.P. Staffing (Include titles):

Attended:

Invited but did not attend:

Progress Summaries and IWPP Reviews

PWAT-OT (team) IWPP review every 30 days

LTSE-WAC (team) IWPP review semi-annually with quarterly Progress Summary by Program Manager

Date Reviewed Type of Review and signature of program manager and client

Summary of client status as well as statement of progress on each goal

Individualized Written Program Plan

Goal Sheet

Goal No. ______

A. Heading

Name ____________________ **Program Manager** ____________ **Date** __________ **Program Assignment** __________

B. Overall Goal: ____________________

C. Behavior (Need): ____________________

D. Program Goal: ____________________

E. Objectives	F. Methods/Materials/Implementors	G. Target Date	H. Completed Date

I. Signatures: (name and date)

Client (and/or advocate): ____________________ ____________

Program Manager: ____________________ ____________

Implementor: ____________________ ____________

Performance Notes

This is on-going recording and monitoring of the client's progress toward objectives.
This space may be used for charting behaviors.
This is to be kept by implementor.

A. Program Goal:

B. Progress/Obstacles **C. Revisions** **D. Signature/Date**

Instructions for Completing the IWPP Form

This IWPP form was developed after careful scrutiny of many existing individualized plan forms. Efforts were made to insure that this IWPP format is easily adaptable to meet any other agency requirements. The primary purpose of the IWPP is to provide useful, understandable information to all persons involved in the habilitation or rehabilitation of the client.

This IWPP format is divided into two sections: the Cover Sheet, (with space for progress reviews on the back) and the goal sheets (with space for on-going monitoring of client progress on the back).

The steps of completing the IWPP have been arranged in a logical progression; however, the reader should feel free to rearrange the order of completion to fit his/her particular needs.

1. COVER SHEET

A) Heading

Enter the client's name, the date and the signature of the program manager and client.

B) Program Assignment

The Program assignment is entered on the form (e.g. PWAT, LTSE, WAC). Individuals involved in Personal Work Adjustment Training (PWAT) or Occupational Training (OT) require a review every thirty days. Individuals involved in Long Term Sheltered Employment (LTSE) or Work Activity (WAC) require a review every six months of the calendar year with quarterly progress reviews by program manager. Circle the appropriate classification. The facility can, however, review the IWPP more often if desired. Program goals listed on the cover sheet may or may not change at review.

C) Overall Goal

Enter overall goal. The overall goal should reflect a consensus of opinion of all individuals participating in the development of the program plan. Particular attention should be given to the client's desires. The overall goal may be a general goal, but should state the ultimate purpose toward which all services are directed. This is usually stated in terms of "sheltered employment" or "competitive employment."

D) Program Goals

Enter the program goals. Program goals are directly related to the overall goal and to client behaviors (needs) discussed at the staffing. The program goals should be stated behaviorally and in positive terms (i.e., state what the client will do rather than what he/she will not do). Program goals may or may not change at the IWPP review date. *(See resource manual p. 5 for discussion of prioritizing goals and p. 18 for a discussion of writing clear, positive goals.)*

As program goals are identified enter the name of the implementor for each.

E) Roster of Participants

Enter the names and title of persons attending the initial IWPP development staffing. Individuals who were invited but did not attend should also be indicated.

Progress Summaries and IWPP Reviews
(on back of cover sheet)

A summary of client status as well as a statement of progress on each goal should be made at each IWPP team review (PWAT-OT every 30 days, LTSE-WAC every six months) and also for quarterly LTSE-WAC summaries by program manager. The IWPP team consists of program manager, client and others involved in goal plan implementation. These reviews should be signed and dated by program manager and client. Client attendance at IWPP reviews is optional but the results of the review must be discussed with the client. A copy of the IWPP review must be submitted to the referral agency. *(See resource manual p. 12 for discussion of progress notes.)*

II. GOAL SHEET

The purpose of the goal sheet is to document each program goal individually. The overall goal may have multiple behaviors (needs), and each behavior (need) may have multiple program goals. For each behavior-/program goal a new sheet should be used.

A) Heading

Enter the client's name, the date and the name of the program manager.
Program assignment should be same as cover sheet item B.

B) Overall Goal

Copy the overall goal from the Cover Sheet. This is written on each goal sheet as a reminder of the general purpose for the client's placement within the program.

C) Behavior

State the client's present behavior which needs modification, elimination or strengthening.

D) Program Goal

Copy the program goal from the cover sheet.

E) Objective(s)

For each goal, an objective(s) is developed. The number of objectives per goal will depend upon the complexity of the goal, the degree of difficulty in reaching the objective, and the existing level of skill(s). The objective should be written so that success is possible for both the client and the staff and that the objective can be met in a reasonable length of time with a reasonable amount of effort.

There are three parts to an objective. The first part of the objective states what the expected behavior is. The second part of the objective states where and under what conditions the behavior is expected to occur. The third part of the objective states the level of performance needed to demonstrate that learning has, in fact, occurred. The development of an objective is based upon the expected level of performance for the behavior within the environment in which the behavior is normally expected to occur. As in real life, some behaviors can be expected to occur 100% of the time, while others occur less frequently. This should be kept in mind when specifying the level of performance. ***(See resource manual p. 18 for a discussion of writing clear, positive objectives.)***

F) Methods/Materials/Implementors

For each objective a training method is selected delineating specific techniques to be utilized. The training method and materials to be utilized are dependent upon the interaction between the client, the trainers, and the environment in which the training is to occur. Materials refer to any instruments or devices which will be used as part of the training. As with all elements of the IWPP, the methods and materials section should be sufficiently detailed so that staff turnover will not interrupt service delivery. The person most directly responsible for training the client in this method is also indicated here. It is intended that this section will provide sufficient information to facility personnel not directly involved with the client, referring/sponsoring agency representatives, and the client in understanding what type and how training is to occur. ***(See resource manual p. 76 for a discussion of methods to use with problem behaviors.)***

G) Target Date

The target date is the date by which the objective is expected to be met. Target dates may be changed if training takes longer than expected and/or new training methods need to be developed.

H) Completion Date

The actual completion date is entered at the time the objective has been met.

D) *Signatures*

The persons involved in the development of each goal sheet should enter their signature and title. The signatures signify participation in the development of this portion of the IWPP.

III. PERFORMANCE NOTES

On the back of each goal sheet is a form for performance notes. Notes are generally completed by the implementor. Instructions for completing the performance notes are as follows:

A) *Progress/Obstacles*

Comments may be written as frequently as the implementor feels is appropriate. These comments should serve as a record of significant progress or obstacles. This space may also be used for charting client behavior. In LTSE-WAC this information should be taken into consideration as the program manager completes the quarterly progress summary. In PWAT/OT this information should be taken into consideration as the IWPP team completes the monthly reviews.

B) *Revisions*

Simple revisions of training methods or materials or target dates and the reason(s) for the change are documented here. Make a notation if there has been a change of implementors. Revisions (including change of implementor) should be signed by the program manager, new implementor, and client. Change in the overall goal, behaviors and/or program goals necessitate an IWPP staffing as delineated in the Description section of the Introduction (pages i, ii).

C) *Signature/Date*

Sign and date all performance note(s).

An Example Of A Completed IWPP

To indicate how this particular IWPP was developed, a staffing summary and strength list is included.

Staffing Summary

Client: John Adams

After reports from various representatives at the staffing were read, John was able to discuss his feelings about being in the workshop, what he would like to learn and improve in, what he would like to do someday, and how his life in general was going. Discussion was then directed to identification of behaviors to be addressed and corresponding Program Goals.

Training supervisor A.B. mentioned to John that his medical records indicate that he should wear glasses, yet he never wears them during workshop hours. A.B. suggested that this may be contributing to a lower production rate and a smaller paycheck. John expressed interest in earning more money but stated that his frames are cracked and look bad to him. He said that he would wear glasses if he had good frames. Concensus was reached on the following Program Goal: Personal Adjustment: John will have an eye examination and obtain new glasses. This objective will be referred to Sally Black, John's case manager at the Base Service Unit

It was also noted that John seems to spend a considerable amount of time away from his work station, and this could also be contributing to a lower production rate. John stated that he only leaves his station to go to the restroom. It was suggested that he could spend more time at his work station and earn more money if he could reduce the frequency and the amount of time spent in the restroom. John did not disagree, but he could not see how this could be accomplished. John agreed to try to spend no more than 25 minutes daily away from his work station and gradually to reduce that time to only five minutes daily. Program Goal: Vocational: John will stay at his work station during work hours and leave only when given permission.

It was discussed as to whether John's work rate could be increased. It was felt that this work rate was a deterrent to placement in a sheltered workshop. A plan was agreed upon by John and Bob Carson to attempt to gradually increase work rate to sheltered workshop level. Program Goal: Vocational: John will increase his work rate to sheltered employment level.

Several staff mentioned that John had begun to wear dirty clothes to work occasionally. This was felt to be inappropriate for a work setting. John agreed to this, but he said he had a hard time remembering to change clothes. John agreed to being reminded at the end of the day to change his clothes by Mrs. Jones and a contingency contract based on his remembering to change his clothes was agreed upon. Program Goal: Personal Adjustment: John will wear clean clothes to work and John will wear clothes that are color coordinated.

(continued on next page)

(Staffing Summary Continued)

There were no other recommendations at this time. It was generally agreed that John could benefit from remaining in the work activities center until the next review, and that for the present John's Overall Goal should be placement in a sheltered workshop. It was also agreed that Tim Smith would remain as John's program manager. A tentative date for the IWPP Review (5/11/78) was set and the staffing was ended.

*Strengths List**

Special Interests

John enjoys watching sports.
John wants to earn more money in order to attend more sports events.

Family and Friends

John's mother is very supportive and would like John to have a regular job.
John is friendly with other clients, but has no close friends.

Religion and Values

John attends church irregularly with his family.
He is proud when he earns money.

Occupational and Education Skills

John comes to the shop by himself using public transportation.
John's best performance is envelope stuffing (his present work).

Reaction to Staff and Program

John has a very good relationship with Sally Black at the base service unit and with Bob Carson, his production supervisor.
John likes coming to the workshop and would like to continue.
John responds to money incentives.

Mental Status

John is most cheerful in the morning.
John will learn new skills and habits, but requires close monitoring in the beginning.

**A strength list is not required in IWPP forms, but is recommended as a very useful tool in developing effective, meaningful client programs (see Houts and Scott reference in bibliography).*

(See resource manual p. 12 for a suggested interview guide in developing a strength/need list.)

INDIVIDUALIZED WRITTEN PROGRAM PLAN

Cover Sheet

A. Heading:

B. Program Assignment W.A.C.

Name John Adams

Date 11/11/77

Program Manager's Sign. Tom Smith

Client's Sign. John

IWPP to be reviewed by team every: (circle)

30 days PWAT-OT [✓ 6 months LTSE-WAC with quarterly progress by program manager]

C. Overall Goal Placement in a sheltered workshop.

D. Program Goals
Include strengths which require further development as well as deficits which require remediation

	Implementor	*Date Initiated*	*Date Completed*
1. John will have eye examination and obtain new glasses.	Referred to BSU Sally Black	11/11/77	1/15/78
2. John will stay at his work station during work hours and leave only when given permission.	Bob Carson Joan Wright after 1/3/78	11/11/77	
3. John will increase his work rate to sheltered employment level.	Bob Carson Joan Wright after 1/3/78	11/11/77	
4. John will wear clean clothes to work.	Mrs. Jones	11/11/77	2/3/78
5. John will wear clothes that are color coordinated.	deferred until #4 is met.		

E. Roster of Participants in Initial I.W.P.P. Staffing (Include titles):

Attended: Tom Smith - Program Manager John - Client
Bob Carson - Production Supervisor
Mrs. Jones - Independent Living Skills Instructor

Invited but did not attend: Sally Black - Base Service Unit
Mrs. Thomas - mother

Progress Summaries and IWPP Reviews

PWAT-OT (team) IWPP review every 30 days

LTSE-WAC (team) IWPP review semi-annually with quarterly Progress Summary by Program Manager

Date Reviewed Type of Review and signature of program manager and client

Summary of client status as well as statement of progress on each goal

2/11/78 (quarterly program manager review)

Tom Smith John

John is a little discouraged about the progress on his goals and especially that he isn't earning any more money. Staff are satisfied and feel that he will see progress soon.

1. Eyeglasses need: referred 12/2/77 to B.S.U. Sally Black. John received eyeglasses 1/15/78.

2. Stay at work station: very little progress. Bob Carson will develop a new goal plan by 2/18/78.

3. Production rate: production rate dropped largely because job number 118 changed to 103. John is discouraged but has been told this is because of new job.

4. Clean clothes: goal achieved 2/3/78.

5. Color coordinated clothes: Mrs. Jones will develop plan by 2/18/78.

Individualized Written Program Plan

Goal Sheet

Goal No. 2

A. Heading

Name John Adams Program Manager Tom Smith Date 11/11/77 Program Assignment W.A.C.

B. Overall Goal: Placement in a sheltered workshop

C. Behavior (Need): Spends 40 minutes away from work station, wandering around shop and going to restroom

D. Program Goal: Vocational: John will stay at his work station during work hours and leave only when given permission.

E. Objectives	F. Methods/Materials/Implementors	G. Target Date	H. Completed Date
1. John will spend no more than 25 minutes per day away from his work station without permission for ten consecutive days during work time.	1. If John asks permission to leave work station - person receiving request will question him as to whether he can wait until break or lunch. Bob will do time sampling one day each week of the time that John spends away from work and will record this on a graph.	1/20/78	
2. John will spend no more than 15 minutes per day away from his work station without permission for ten consecutive days during work time.	2. Same as method 1.	3/11/78	
3. John will spend no more than 5 minutes per day away from his work station without permission for ten consecutive days during work time.	3. Same as method 1.	5/11/78	

I. Signatures: (name and date)

Client (and/or advocate): John 11-11-77

Program Manager: Tom Smith 11-11-77

Implementor: Bob Carson 11-11-77

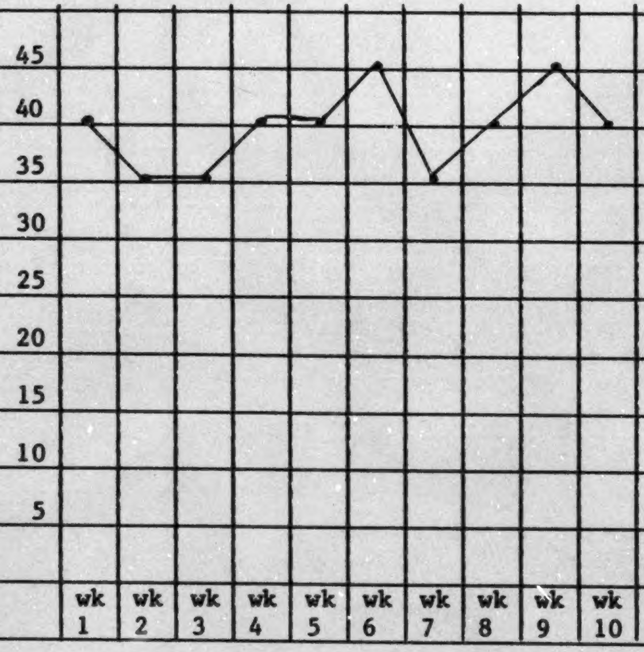
Performance Notes

This is on-going recording and monitoring of the client's progress toward objectives.
This space may be used for charting behaviors.
This is to be kept by implementor.

A. Program Goal: John will stay at his work station during work hours and leave only when given permission.

B. Progress/Obstacles **C. Revisions** **D. Signature/Date**

Minutes spent away from work station.



11/11/77

John leaves work station more often when he has a messy job. Still wandering 40 minutes daily. Very little progress. Implementation stopped on this plan until IWPP progress summary meeting on 2/11/78.
1/20/78 Bob Carson Bob Carson

Time sampling one day per week.

Individualized Written Program Plan

Goal Sheet

Goal No. 3

A. Heading

Name John Adams Program Manager Tom Smith Date 11/11/77 Program Assignment W.A.C.

B. Overall Goal: Placement in sheltered workshop

C. Behavior (Need): Slow work rate on assembly work. John is producing at 30% industrial rate.

D. Program Goal: Vocational: John will increase his work rate to sheltered employment level.

E. Objectives	F. Methods/Materials/Implementors	G. Target Date	H. Completed Date
1. John will be able to explain the graph to be used to chart his daily work rate and produce assembled products on assembly contracts. (Job No. 115, 113, and 122 at 45% of industrial rate for 10 consecutive work days.)	1. Bob Carson will develop a graph to chart John's daily work rate and explain this to John to be sure he understands how it will be used. He will chart on graph each day and show this graph to John in the A.M. and P.M. and praise him for all increases shown and decreases in work rate will be ignored.	1/11/78	
2. John will produce assembled products (Jobs 115, 118, 122, 103 at 50% of industrial rate for 10 consecutive work days).	2. Bob charts daily John's work rate and shows it to him at the end of the day. If there is a decrease for 3 days on the job, counseling will be initiated to discover the reason for decrease and continued until rates again increase.	2/3/78	

I. Signatures: (name and date)

Client (and/or advocate): John 11-11-77

Program Manager: Tom Smith 11-11-77

Implementor: Bob Carson 11-11-77 12-21-77

Performance Notes

This is on-going recording and monitoring of the client's progress toward objectives.

This space may be used for charting behaviors.

This is to be kept by implementor.

A. **Program Goal:** John will increase his work rate to sheltered employment level.

B. Progress/Obstacles	C. Revisions	D. Signature/Date
Graph was developed showing last three weeks work rate. It was explained to John and he understands how it works.		B.C. 11/14/77 Bob Carson
John is producing at 30% industrial rate. Graph representing work rate and criterion does not appear to be reinforcer. Graph developed to show how much money John earns since this is important to him.	Graph changed to show money earned instead of production rate.	B.C. 12/2/77 Bob Carson
John has been working at 45% industrial rate for 10 days. He is motivated to earn more money.		B.C. 12/21/77 Bob Carson
	New implementor assigned, Joan Wright. John agrees to continue with objectives.	
Production level dropped to 30%. Job number 118 lost and John was placed on Job number 103. He is less proficient at this job. Will revert back to objective #1 until John becomes proficient on job 103 and again reaches 45% level for 10 consecutive days.	Job 118 changed to 103 for training.	J.W. 2/3/78 Joan Wright
John is discouraged because his work rate is going down not up. We talked about a lot of this change being the new job. I will work with him to find new ways to do job 103.		J.W. 2/10/78 Joan Wright

Individualized Written Program Plan

Goal Sheet

Goal No. 4

A. **Heading**

Name John Adams Program Manager Tom Smith Date 11/11/77 Program Assignment W.A.C.

B. **Overall Goal:** Placement in a sheltered workshop

C. **Behavior (Need):** Wears dirty clothes to work

D. **Program Goal:** Personal Adjustment: John will wear clean clothes to work.

E. Objectives	F. Methods/Materials/Implementors	G. Target Date	H. Completed Date
1. John will wear clean clothes to the work activity center 3 out of every 5 days for 3 weeks.	1. A simple checklist will be used to note John's daily appearance. It will be explained to him. Mrs. South will remind John at the end of each work day to change his clothes before coming to work and also praise him when he wears clean clothes. If improvement is not noted in 3 weeks, he will be asked not to clock in and report to Mrs. Jones who would then discuss the importance of clean clothes in terms of his own health and acceptability by others.	11/18/77 extended to 11/28/77	11/28/77
2. John will wear clean clothes 4 out of every 5 work days for 3 weeks.	2. Same as Method 1. In addition if improvement is not noted in a 3 week time period - John will be instructed to return home and change clothes on each day he does not wear clean clothes.	12/16/77 11/27/78	12/23/77 2/3/78
3. John will wear clean clothes 5 out of 5 times.	3. Same as Method 2.		

I. **Signatures:** (name and date)

Client (and/or advocate): John 11-11-77

Program Manager: Tom Smith 11-11-77

Implementor: Alma Jones 11-11-77

Performance Notes

This is on-going recording and monitoring of the client's progress toward objectives.
This space may be used for charting behaviors.
This is to be kept by implementor

A. **Program Goal:** John will wear clean clothes to work.

B. Progress/Obstacles	C. Revisions	D. Signature/Date
John is wearing clean clothes 3 out of 5 working days with reminders at the end of each day by Mrs. Smith.		A.J. 11/18/77 Alma Jones
	Target date extended one week to determine if the change was the effect of staffing.	
John still wearing clean clothes 3 out of 5 days. He enjoys the attention and praise he receives.		A.J. 11/28/77 Alma Jones
John has been wearing clean clothes 4 out of 5 days without reminders for two weeks. This week he has worn dirty clothes for 2 days. He was asked to report to me without clocking in today as it was the second day he had worn dirty clothes this week.		A.J. 12/16/77 Alma Jones
John wore clean clothes all week.		A.J. 12/23/77 Alma Jones
John wore dirty clothes one time. He reported to me his mother forgot to wash them.		A.J. 1/13/78 Alma Jones
John wore clean clothes for 3 weeks. This objective has been met - will suggest to Tom Smith that John and I are ready for new objective centering around matching clothes.		A.J. 2/3/78 Alma Jones

THE INDIVIDUALIZED WRITTEN PROGRAM PLANS REVIEW

The Department of Public Welfare 9056 Regulations require regular review of client progress relative to their goals and objectives specified in the client's IWPP. The differences between programs are explained below.

The PWAT and Occupational Training IWPP Review

Every thirty days a staff conference should be held to review the IWPP for clients involved in Personal Work Adjustment Training or Occupational Training. All persons involved in implementation and follow-through should be in attendance at this review. The IWPP review (or staffing) assesses progress of the client relative to specific program goals and/or objectives, makes changes in training methods if necessary, develops new goals and objectives as previous goals and objectives are met. At this time the client may be reassigned to programs and/or program manager. The client should be in attendance at this conference, if possible.

The IWPP review is an ideal time to share new information on the client, such as unexpected areas of growth, behavior changes, family changes, and/or any other information which may affect client behavior.

The IWPP review should be kept in the client's case records with the IWPP. Documentation of client involvement should be made. Any other reviews should also be kept with the IWPP. Subsequent reviews will be able to utilize the previous documents to assess movement and growth of the client overtime.

The actual format of the IWPP review is open for development as best fits the needs of each facility. Ideally, the format of the IWPP review will be consistent with the intent and content of the original IWPP.

The Sheltered Employment and Work Activities IWPP Review

Every six months a staffing for the IWPP review should be held. As above, all persons involved in implementation and follow-through should be in attendance at this review. In addition, the client is required to be involved when goal setting, decision making, and progress assessment occurs. The IWPP review documents the plan of action at the facility during the next six months. The IWPP staffing and the IWPP format are easily adaptable to fit the needs of this review as there is little difference in intent between the IWPP staffing and this IWPP review staffing. In addition, the program manager is to review each client at three months after the six month reviews.

Changes in the IWPP at Times Other Than the Review

At any time that the IWPP needs to be changed due to client reaching expected level of performance or due to the need of changing training methods or target date, it can be accomplished by utilizing the back of the goal sheet. The revision should be in writing, dated and initialed. This revision should be made available to all participants in the staffing and to the referring/sponsoring agency. The client should be involved with any changes made.

GLOSSARY

Behaviors (Needs)	The manner in which a client acts, functions, or reacts to certain situations which are observable by others, and which are in need of modification or strengthening.
Client Involvement	Participation by the client in the development and review of objectives and techniques for goal attainment.
Implementor	Person who is responsible for carrying out specific methods described in the IWPP.
Materials	Physical aids used in the training process which may be either commercially available or individually made.
Methods	Also called techniques, procedures that will be used to assist the client in attaining his/her objective.
Overall Goal	The overall goal should be a long term vocational goal. It may be expressed in terms of competitive employment outside the facility or the next higher level of rehabilitation program within the facility.
Program Manager	This person coordinates the efforts of all parties involved in the rehabilitation process. This person is responsible for assuring that the services called for in the IWPP are actually delivered.
Objectives	Objectives are the steps leading to the achievement of a program goal. Statements describing proposed change in a client's behavior which: (1) identify the kind of behavior that demonstrates the client has achieved the objective, (2) describe the conditions under which the behavior is expected to occur, and (3) specify the level of performance needed to be demonstrated in order for the behavior to be considered learned.
Target Date	The target date is the date by which the objective is expected to be met. Target dates may be changed if training takes longer than expected and/or new training methods need to be developed.
Program Goals	Program goals are the steps leading to the overall goal. Program goals should be stated behaviorally and in positive terms (i.e., what the client will do rather than what he/she will not do).

SUGGESTED SOURCES FOR FURTHER INFORMATION

The following are references which may be valuable in providing additional information useful for the development of Individualized Written Program Plans.

Houts, P.S., Scott, R.A., Quann, P., Lucas, D.G. *Resource Manual to accompany Pennsylvania's Model for Individualized Written Program Plan for Vocational Rehabilitation facilities*

Esser, T.J. *Individualized Client Planning for Work Adjustment Services*, Menomonie, Wisconsin; Materials Development Center, 1975

Provides general information regarding individualized planning including a suggested format. Also includes a discussion on individualized planning as an aid for improving agency services

Gibson, D., & Stoddard, D.W., *General Task Analysis and Electronics Assembly Training Manual*, Washington, D.C.; The National Children's Center, Inc., 1977

Provides highly specific information and methods regarding task analysis, as developed by Marc Gold. Includes a detailed task analysis of an electronics assembly task.

Houts, P.S., & Scott, R.A., *Goal Planning with Developmentally Disabled Persons*, Hershey, Pennsylvania; The Commonwealth of Pennsylvania, 1975

A basic text which gives detailed, animated steps regarding many of the aspects of the IWPP. Particularly useful is their use of a strength/needs chart as an aid for goal plan development.

Kahn, L., *Reference Guide on Individualized Plans for Mentally Retarded and Developmentally Disabled Persons*, Nisonger Center, The Ohio State University, Columbus, Ohio, 1976

Useful guide for understanding the relationships between the various federal regulation and accreditation requirements .

Mager, R.F., *Preparing Instructional Objectives*, Belmont, California; Fearon Publishers, 1961

The granddaddy of texts on teaching using objectives. Attempts to explain the ins and outs of writing objectives in a light, refreshing style.

Parham, J., *Individualized Program Planning with the Developmentally Disabled*, Lubbock, Texas; Research and Training Center in Mental Retardation; Texas Tech University, 1976

A step by step procedure for developing individualized program plans is presented. This workbook is designed to be utilized with a videotape training kit available from the author. The workbook by itself is quite informative. Particularly useful is the section on task analysis which relates to the development of both objectives and methods.

An Introduction to Individualized Education Program Plans in Pennsylvania, King of Prussia, Pennsylvania; The Pennsylvania Department of Education and the National Resource Center of Pennsylvania, 1977

Provides relevant and specific information regarding the Individual Education Program, with a suggested format and instructions for its completion. Good guide for agencies providing services to school units.

A RESOURCE MANUAL TO ACCOMPANY: THE PENNSYLVANIA MODEL INDIVIDUALIZED WRITTEN PROGRAM PLAN for VOCATIONAL REHABILITATION FACILITIES

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

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I. INTRODUCTION

This manual was developed to assist staff of vocational rehabilitation facilities involved in implementing the Pennsylvania Model Individualized Written Program Plan. It is also intended as a general resource in the area of individualized client plans, no matter what format is used in writing those plans. Many of the suggestions and recommendations in this manual have come from agency personnel involved in developing individualized client plans as well as from members of the steering committee for the Pennsylvania Model Individualized Written Rehabilitation Plan. We would particularly like to acknowledge the assistance of Robert Valentine, Gil Selders, Dorothy Fulton, Linda Wilson, Nora Novitsky, Kieth Gardner, Isadore Salkind and Dean Settle for their help in compiling this material.

Some of the materials used in this workbook were selected from other training manuals by Houts and Scott because of their applicability to vocational rehabilitation facilities. Reproduction of all or parts of this workbook is encouraged provided that 1) the source is acknowledged and 2) the material is not sold for profit.

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2 Developing and Monitoring Individualized Written Program Plans

A Recommended Process for Developing IWPP's

This process is suggested for use in developing the first IWPP's 30 days after entering the program, and for use when major revisions must be made in a client's program.

As stated in the introduction to the Model IWPP (pg. IV), developing the entire plan during the staff meeting "may prove to be a burdensome and time-consuming process." If all staff are present for a complete discussion of the client's needs, selection of needs and development of plans, a great deal of staff time will be tied up in this process. However, it is possible to assemble and review a great deal of information about a client and to do some initial planning before the staff meeting. It is also possible to develop the final IWPP, including methods and materials, after the staff meeting. The staff meeting itself is then primarily used to prioritize goals. Following is a description of a process in which much of the development of a IWPP occurs before or after the staff meeting, and, therefore provides for a relatively efficient use of staff time.

Step I.: Review of the Client's Overall Goals

Each client should have an overall goal (usually covering a 1-3 year time frame for long term clients or the projected time of placement for clients who are in training for competitive employment) which establishes a general direction for the development of all the client's program goals. The overall goal is defined in the model IWPP as a "long term vocational goal. It may be expressed in terms of competitive employment outside of the facility or the next higher level of rehabilitation program within the facility."

The referring agency (for example the BSU's MR Specialist and/or the CLA case-manager) should have developed a series of overall or long term goals for the client. Therefore, it is suggested that the initial step in developing the client's IWPP be to meet with the referring agency and review the agencies' expectations for the client in terms of your program. This could be accomplished at the intake interview prior to entrance into the program.

The critical areas to be reviewed at that meeting are:

1. The relevant client information available (see Model IWPP Checklist on pg. 1).
2. What specific overall or long term goals are your program's area of responsibility.
3. What other agencies will be working on with the client and their goals for the client.
4. What other persons (such as parents, friends or residential counselors) should be involved in developing the client's plan.

The basic objective of this meeting is to insure that you have a clear understanding of the referring agencies' expectations and that you reach an agreement on the client's overall goals. (The overall goal should also be reviewed with and agreed to by the client.) This meeting should also provide you with some basic assessment of the client's skills and other relevant information.

This meeting can be the responsibility of administrative staff (e.g. rehabilitation/program director) or the client's program manager.

Step II.: Pre-Staffing Information Gathering and Planning

It is recommended that the relevant client information discussed in the model IWPP, be developed and reviewed by members of the IWPP staff prior to the actual meeting. These staff members should also review any information provided by the referring agency; particularly the referring agencies' long term or overall goals. A program staff member (or members) should be assigned to meet with the client and with staff working directly with the client to develop an initial strength list as well as suggested areas for program goals.

Step III.: IWPP Staff Meeting

As a result of the interviews in Step II., staff will have already been involved in developing the client's program. Therefore, the time required to summarize the background information need not be long. Time can therefore be focused on the selection of program goals for the client.

It is recommended that, first, overall goals and the client's strength list be briefly reviewed and refined if necessary. The client or his advocate should be asked if they have any additions or changes they wish to recommend. Discussion should then focus on selecting and prioritizing the behaviors or needs which will be worked on to achieve the overall goal. Selection and prioritizing should be a group process with all staff who are involved with the client participating as well as the client and/or advocate.

Next, appropriate staff person(s) should be assigned the responsibility of writing-up the IWPP goal sheet. A decision can also be made whether the entire staff wishes to review the IWPP goal sheets or whether they should be reviewed only by the program manager and the client. Finally, a date should be set for when the plan should be written.

Following is a chart of this process and a delineation of individual responsibilities.

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DEVELOPING INITIAL I.W.P.P. FLOW CHART

	Pre-Meeting	Meeting	Writing Of Plans (after the meeting)	Follow-Up
Rehabilitation Director or Program Manager	1. Assign person to meet with referring agency on client's overall goals. 2. Assign person(s) to interview client and staff and assemble tentative S/N list. 3. Set meeting date.	1. Lead meeting a. keep on time b. insure everyone participates. 2. Make assignments to write and carry out plans. 3. Keep records of decisions and responsibilities.	1. Check to be sure that plans are written. 2. After plans are written, review plans for completeness, clarity, client involvement, etc.	1. Keep records of who is responsible for each goal. 2. Give continuous positive recognition for effort on plans. 3. Convene periodic reviews of progress. 4. Write progress summaries for each IWPP review.
Program Staff Including Production Staff	1. Review background client information. 2. Participate with other staff assigned in preparing initial S/N list. a. contact other necessary people i.e. parent, other programs serving client etc.	1. Review relevant background information. 2. Review initial strength/need list. 3. Help refine S/N list. 4. Participate in selection of program goals. 5. Accept assigned responsibilities to write and/or carry out plans.	1. Develop plans with client and with other staff working with client.	1. Carry out responsibilities as stated in plan. 2. Adjust plan when required. 3. Record performance of client's progress.
Client	1. Participate in development of S/N list with both program and production staff.	1. Participate in refinement of S/N list. 2. Participate in selection of program goals (if represented by advocate, goals must be tentative until client approves). 3. Agree to accept responsibilities in plan.	1. If the client was not at meeting, approve or disapprove goals. 2. Participate in development of plans.	1. Carry out responsibilities in plan. 2. Participate in adjustment of plan if necessary. 3. Participate in IWPP review meetings.

SUGGESTIONS FOR PRIORITIZING PROGRAM GOALS

Prioritizing needs can be a difficult process when the client has many, interrelated needs. This task becomes more manageable when the long term or overall goals are set first. Then specific needs can be examined in terms of their contribution to achieving overall goals. Availability of resources to work on a goal should also be considered as well as dealing with crisis situations which interfere with work on positive, long term goals. On the following pages is a discussion of these criteria and how they can be applied in priortizing client needs.

QUESTIONS TO ASK IN PRIORITIZING CLIENT NEEDS

1) Will fulfilling this need contribute to achieving the overall client goals?
   a) Is there a direct relationship between this goal and the client's overall goal?
   b) Is fulfilling this need a pre-requisite for goals which contribute directly to the overall client goal?

2) Are staff and resources available and committable to working on this need?

3) Will meeting this need resolve a crisis which will allow the client to resume work on positive goals? These include:
   a) Personal crises where the client needs special help to regain stability (being arrested, family crises, psychotic episode, etc.)
   b) Behaviors which, if continued, threaten continuance in a program necessary for achieving overall goals.
   c) Behaviors which threaten the safety of the client, other clients or staff.

Let's talk about these ideas some more

IS THERE A DIRECT RELATIONSHIP BETWEEN THIS GOAL AND THE CLIENT'S OVERALL GOAL?

This should be the main criterion for selection of needs. There should be a clear, logical relationship between most needs and the overall goals. Furthermore, it should be possible to judge, after looking at an overall goal, which program goals should be underway.

EXAMPLE

Catherine is a client in a sheltered workshop and her overall goal is placement in competitive employment. The staff felt that, if she accomplished three short term (program) goals, she could be placed.

They were:

1) A production rate equal to the rate in competitive employment.
2) Satisfactory job interview skills.
3) Reports to work on time for 20 consecutive work days.

Each of these goals has a direct, obvious relationship to the overall goal of achieving competitive employment.

IS FULFILLING THIS NEED A PRE-REQUISITE FOR GOALS WHICH CONTRIBUTE DIRECTLY TO THE OVERALL CLIENT GOAL?

Some needs do not directly contribute to the overall goal, but are pre-requisites for other goals which do contribute directly. Therefore, the pre-requisite goals must be worked on even though they may not appear, at first, to relate to the overall goal.

EXAMPLE

John is a client in a sheltered workshop. Both John and the staff feel that he is ready for placement in competitive employment. However, John's mother is opposed, feeling that John cannot take care of himself. The staff and John therefore set a short term (program) goal for John to take his mother to several community activities, in order to show her how well he can do things on his own. It is hoped that, when this goal is achieved, that his mother will agree to a job placement. This goal was a pre-requisite for the later goal of job placement.

ARE STAFF AND RESOURCES AVAILABLE AND COMMITTABLE TO WORKING ON THIS NEED?

Feasibility must always be considered in selecting goals. However, *it is important not to start with feasibility*. Instead, we should *start with the client's needs* and look for feasible strategies to meet those needs. If our resources are limited, there are three options:

1) utilizing existing resources in creative, innovative ways

2) making goals smaller to make the initial steps feasible

3) deferring work on a goal until resources are available.

The above three options should be considered in that order. We should move from #1 to #2 only after possibilities in #1 are exhausted. We should move from #2 to #3 only after possibilities in #2 are exhausted.

EXAMPLE

Bill works at a sheltered workshop. He has been there for eight weeks and staff are hopeful that he can, eventually, qualify for placement in competitive employment. However, Bill had recently gotten into trouble with the local police and staff were concerned that this would ruin his chances for obtaining a regular job. The social worker had learned that Bill's police problems stemmed from being involved with a group of "toughs" in the evening. The staff felt that it was very important to get Bill involved in an organized leisure time program to keep him away from the "toughs". However, the sheltered workshop had no such program and, because they were in an isolated rural area, there were no other programs where Bill could be referred. After much discussion, staff came up with several creative approaches. 1) They would give Bill work to do at home in the evening, 2) A volunteer would teach Bill to mow lawns so that he could look for evening work, 3) The social worker would contact Bill's parents and minister about giving Bill some regular responsibility in church activities, 4) One of the employees at the sheltered workshop had good relations with some of the "toughs" who were involved with Bill. He said that he would use his influence to have them keep away from Bill. By starting with Bill's needs and then looking for feasible strategies, the staff were able to be very creative in their approach to Bill's problems. If they had started with what programs were available, they would have become discouraged and done nothing.

CRISIS MANAGEMENT

Staff must respond to crises. If the client's behavior threatens the safety of himself or others, or if problems occur which threaten work on overall goals, staff must act. However, it is essential that crisis management not destroy commitment to overall goals. The primary commitment of staff must be to developing client strengths. Crisis management must be secondary to that.

There are several strategies to insure that crisis management does not displace positive planning and, if possible, supports it.

1) There should be as much preparation and planning for "crisis" plans as for regular plans. The time required to develop a thoughtful plan can help in providing perspective on a crisis. Furthermore, consultation among all staff working with a client helps to insure that crisis plans are integrated into other, positive plans with the client.

2) Crisis plans should have short target dates. This will insure frequent review for need and effectiveness.
3) Goals for crisis plans should be stated positively. That is, they should state what the client will do right, rather than what he or she should stop doing that is wrong. Positively stated goals are important for two reasons.
   a) Positively stated goals help the client to understand that staff wish to help him or her. When the goal is stated positively, the client does not feel blamed or attacked. Furthermore, he or she feels that the staff are trying to help him work toward a positive goal.
   b) Positively stated goals help staff to develop creative strategies for working with the client. This is because, when staff become preoccupied with what the client has done wrong, it leads them to remember other things that the client has done wrong and reasons why "nothing has worked." As a result, staff frequently feel they are at an impasse when focussing on negative behavior. Instructing staff to focus on what they want the client to do instead of the problem behavior, helps them to see the situation from a new perspective and helps them to see how they can use rewards to develop positive alternatives to the problem behaviors.

4) Crisis plans should make maximum use of client strengths. By utilizing what the client can do well, by including the client's likes and preferences and by utilizing the client's resources such as family and friends, crisis plans are more likely to be positive growth experiences for the client. The more support that is included in the plan, the greater the chances of the plan succeeding. Furthermore, the more strengths that are utilized, the greater the chance that crisis plans will become interrelated with other positive client programs which utilize strengths.

A more detailed description of strategies for dealing with problem behaviors see Houts and Scott *Goal Planning with Developmentally Disabled Persons*, as well as pages 76-109 of this workbook.

EXAMPLE

Charles is a client who is profoundly retarded and also emotionally disturbed. He has been a client in a work activities center for 3 years. He is considered to be one of the most difficult clients. He becomes quite violent on occasions and will start throwing objects, kicking and screaming. These outbursts usually occur when his work assignment is changed, or when there is any change in his daily routine. Recently his assignment was changed and during his outburst, a floor supervisor was seriously injured. Charles had pushed her, and she hit the work table injuring her spine. Her injury may require surgery to correct. Staff were quite upset about this incident and felt strongly that some action must be taken to control Charles' aggressive outbursts. Miss Jenkins, Charles' program manager, was asked to convene a meeting to deal with this crisis.

Miss Jenkins had been Charles' program manager for the last year. Before this she had been his work supervisor. Charles has a good relationship with Miss Jenkins and she had been successful in persuading him to accept changes in work without emotional outbursts. She felt they were beginning to make some progress in teaching Charles basic skills and did not want this crisis, severe as it was, to destroy the progress they had made. Their overall goal for Charles was Long Term Sheltered Employment. One of the goals staff are working on with Charles is to "accept change without becoming violent." The present method being used is that when these outbursts occur Charles is sent home and not allowed to return to the center for several days. Miss Jenkins wanted to continue working toward this goal but to change the method to use her relationship with Charles and become directly involved in the work floor daily. The following steps were involved in developing a plan to deal with this crisis.

STEP	COMMENT
1. Miss Jenkins set a meeting for 1 week after the incident.	By setting a definite date, staff felt something was being done. By putting the date a week away, there was time to develop a full understanding of the situation and to allow feelings to subside.
2. Miss Jenkins interviewed all involved staff before the meeting to obtain their perspective and ideas.	Staff felt involved in the program development. In a 1 to 1 interview Miss Jenkins could explain her interest in maintaining Charles' positive programs. She could also obtain a wide range of options from the people who knew Charles best.
3. When the meeting began Miss Jenkins reviewed the positive plans already underway with Charles. She also reviewed his strength list, pointing to a number of strengths which could be used in dealing with this problem.	She focused attention on Charles' broad needs first to insure that the crisis was seen in context.
4. Miss Jenkins defined the first group task as establishing the positive behaviors they wished from Charles which would result in minimizing the chances of a similar incident in the future.	By having the staff focus on developing positive behaviors she kept them away from punitive, negative approaches.
5. The group came to the conclusion that Charles' aggression toward the floor supervisor was probably due to frustration. They also felt that the plans already in place to help him learn how to accept change without violence was the best goal to prevent future incidents.	The crisis problem was seen in the context of Charles' broader needs and of plans already underway with him.
6. It was decided to continue the present plan to send Charles home if he had an outburst, but to add to the plan that he should go to Miss Jenkins whenever he felt angry. This would utilize her ralationship with Charles and would give him a positive alternative to exploding emotionally.	The result was even more support for positive plans rather than competition or interference with those plans.

Suggestions for Writing Progress Notes

An effective progress note system is important for both effective client programming as well as meeting documentation requirements. By having regular progress notes new staff can quickly pick up on client programs when there are absences or when staff leave. Progress notes can also serve as ways for staff and clients to receive recognition for what they are accomplishing. By putting down, regularly, what has been achieved in a period of time, clients and staff have something tangible to demonstrate their accomplishments.

Two Types of Progress notes

1) ***On-going record.*** Performance notes are frequently kept as a continuous record of progress. Notations can be made at any time, frequently as often as daily. Charts for checking off daily performance as well as narrative notes are used in this type of progress note. This type of note should be located with the staff carrying out the plan. Frequently they are kept on the back of the goal plan (as in the example forms in the Pennsylvania Model forms).

2) ***Notes from periodic reviews.*** Regulations require that, at certain intervals which vary with the type of program, the client's program will be reviewed by either the interdisciplinary team or the program manager. At the time of these reviews, a general statement about the client should be entered into the record. This statement should include *a summary of progress on each goal* as well as general statements about the client's condition. These notes are usually kept by the case manager in a central file for each client. Space for this type of note is provided on the back of the cover sheet in the Pennsylvania model forms.

Strength/Need Interview Guide

A Strength/Need list is an excellent way to summarize information needed in developing individual client plans. The strength list includes the client's likes, important skills which he or she has and resources available to help in his or her plans (e, g, interested family or friends.) The strength list is a resource list for helping the client reach his or her goals.

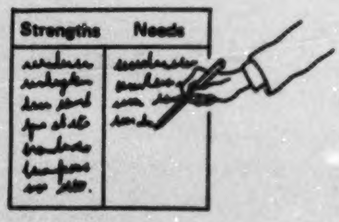
The needs list is a list of possible goal areas. It includes areas where there are important deficits as well as areas where strengths should be further developed. It is important that needs be stated positively, that is, stating what the client should do, instead of what he or she should stop doing. Positive phrasing of needs helps to establish a positive relationship with the client for dealing with problems (see pp. 10 and 76 for further discussions of this issue).

An interview guide, such as the one on the following pages, can remind staff of the range of information which can be included in such lists. Furthermore, by having the questions written out, inexperienced staff or staff without formal training can collect much of the information required. These questions are intended as a guide, to be adapted to the facility and to the client interviewed.

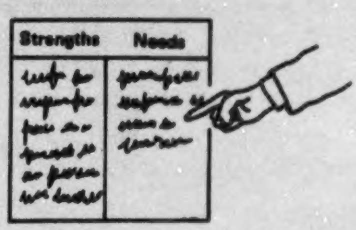
USE OF STRENGTHS IN DEVELOPING PROGRAM PLANS

THE CLIENT SHOULD PARTICIPATE AS MUCH AS POSSIBLE IN EACH OF THESE STEPS:

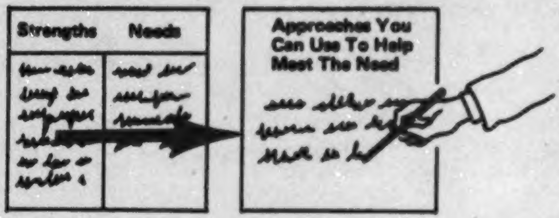
1. List the client's strengths (what he can do, what he likes to do and others willing to help) and his needs. State needs positively. That is, say what the client will do instead of what he won't do. Say "Robert speaks loudly enough to be heard" instead of "stops mumbling".



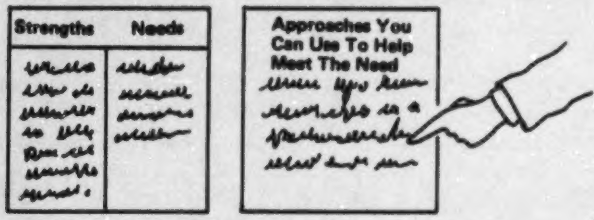
2. Choose a need which is important to the client. This should be a need where you feel you can make progress.



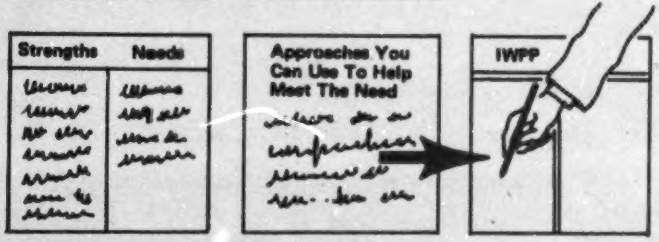
3. Now make a new list of approaches you can use to help meet the need. First, review each strength on the list for ideas. Then jot down as many things as you can think of.


Strengths
Needs
Approaches You Can Use To Help Meet The Need

4. Choose one approach that you feel would be best. This may be a combination of several things on your list. Keep this list in case you need to try another approach later.


Strengths
Needs
Approaches You Can Use To Help Meet The Need

5. Write a program plan using small objectives, clear (behavioral) language and target dates.


Strengths
Needs
Approaches You Can Use To Help Meet The Need
IWPP

EXAMPLE QUESTIONS FOR DEVELOPING A STRENGTH-NEED LIST FOR DEVELOPMENTALLY DISABLED CLIENTS

FOLLOWING ARE EXAMPLE QUESTIONS WHICH YOU CAN ADAPT TO YOUR FACILITY AND TO THE CLIENT YOU ARE INTERVIEWING, THE STRENGTH-NEED LIST CONSISTS OF INFORMATION LEARNED FROM INTERVIEWING THE CLIENT, FROM STAFF OBSERVATION OF THE CLIENT, FROM SOCIAL HISTORY DATA, FROM TEST RESULTS AND PHYSICAL EXAMINATIONS.

STRENGTHS	**NEEDS**
(What the client can do, what he likes to do and other people who are willing to help as a resource in carrying out plans.)	(State these positively — what the client should be doing.)

SPECIAL INTERESTS AND ACTIVITIES

(Select questions from these lists which are appropriate for this client and add questions which you feel would be helpful.)

Questions for client (If he can speak)	*Questions for client (If he can speak)*
What do you like to do? What is fun for you to do?	Would you like to do (items from the strength list) more?
What do you like to do in the evenings or on Saturdays?	Is there something you always wanted to do?
Do you like any special sports or games or TV programs? What do you like about them?	Here are some things that you could do (list recreational activities at the facility or in the community). Which would you like to do?
Do you like any of these things (suggestions from staff who work with client)?	
Questions for staff	*Questions for staff*
From your observations of the client, what does he/she enjoy? When is he/she happy?	When is the client happy? What does he ask to do? What activities does he enjoy? (Ask as many people as possible who work with the client.)
What has the client told you that he/she likes to do?	What activities do staff feel the client would enjoy doing more?

(Select questions from these lists which are appropriate for this client and add questions which you feel would be helpful.)

(Continued on next page)

Family And Friends

STRENGTHS

Questions for client (if he can speak)

What do you like to do with your family?

How does your family help you? Who in your family is especially helpful?

Who is your best friend? What do you like to do with him/her?

Who likes you?

With whom do you like to do (client's favorite activity)?

Questions for staff

Are any family members interested in the client? To what extent are they involved with the client? Would any family members help with goal plans?

Who are the client's friends? Who likes the client? Who does the client like to be with?

Which of his/her friends would help the client?

Who is a good influence on the client?

Who does the client like to work with?

NEEDS

Questions for the client (if he can speak)

What would you like to do more often with your family?

Would you like to get along better with some people in your family? Is there anything you would like to change in your family?

Would you like to have more friends? With whom would you like to be more friendly?

Would you like to share your interest in (client's favorite activity) with someone? Who?

Questions for staff

What can be done to involve the family more in the client's program? What could be done to improve relations between the client and his family?

Does the client need friends? Which clients would like to be more friendly with him/her?

Would the client be happier or work better if he/she worked with certain other clients?

Could the client benefit from sex education? Does he/she need help in relating to the opposite sex?

Religion And Values

STRENGTHS

Questions for the client (if he can speak)

Do you go to church? Which church? Does your church have recreation programs?

Who at church has helped you? Whom do you like there?

What makes you proud?

Whom would you like to be like? Why?

Questions for staff

Does the client go to church? Is there anyone at church who helps with the client's program?

When is the client proud?

Whom does the client admire?

NEEDS

Questions for the client (if he can speak)

Do you want to do more things at your church? What things?

What would make you feel more proud?

Questions for staff

What could be done to make more use of the client's church in his program?

What could be done to make the client more proud?

(Select questions from these lists which are appropriate for this client and add questions which you feel would be helpful.)

Occupation And Education

STRENGTHS

Questions for the client (If he can speak)

What jobs did you have? What did you do?

What were you good at on your job?

What kind of work do you like here?

How long did you go to school?

What did you like about school?

What were you good at in school?

Do you go to school now? What are you studying?

Questions for staff

Include data from client's job and school records about his accomplishments.

Include data from work skills testing.

What work does the client enjoy?

What jobs is he good at?

NEEDS

Questions for the client (If he can speak)

What type of work would you like to do?

What kind of a job would you like to get when you leave here?

Do you want to go to school? What would you like to study?

Here are some jobs (list jobs that the client would be able to perform). Which would you like to do?

Here are some jobs that you could have when you leave here (list feasible occupations for the client). Which would you like to have?

Questions for staff

Include data on educational and job skills which the client lacks. (only include areas where this facility can reasonably help the client to improve.) This information should come from past history, test scores and observations by work supervisors.

Reaction To Staff And Program

Questions for client (If he can speak)

What do you like about this place?

Which staff do you especially like here?

Which staff have been most helpful to you?

Questions for staff

Which staff get the best response from the client?

What are the most effective ways to work with this client?

Questions for client (If he can speak)

What can staff (or name particular staff) do to help you more?

Is there anything that you do not like about this place?

Questions for staff

What could staff do to get a better response from this client?

What programs would this client especially benefit from?

Could the client's family or other outside persons help more in supporting this program?

(Select questions from these lists which are appropriate for this client and add questions which you feel would be helpful.)

(Continued on next page)

<table>
<tr><th>STRENGTHS</th><th>NEEDS</th></tr>
<tr><td colspan="2">Mental Status</td></tr>
<tr><td><i>Questions for client (if he can speak)</i>

When do you feel good? What makes you feel happy and cheerful?

When are you in the best mood?</td><td><i>Questions for client (if he can speak)</i>

What can staff do to help you feel more cheerful and happy?</td></tr>
<tr><td><i>Questions for staff</i>

Include results of psychological testing and interviews which indicate the client's psychological strengths.

When is the client most happy? When is the client most cooperative? When does the client think most clearly?</td><td><i>Questions for staff</i>

Include results from pyschological testing and interviews which indicate areas where the client needs to grow. (only include needs where this facility can reasonably help the client to improve).

Suggestions from staff who work with the client about behaviors which the client needs to control or change.</td></tr>
<tr><td colspan="2">Physical Condition</td></tr>
<tr><td>Include results of physical examination and health records which indicate areas of health or physical strength for the client.</td><td>Include results of physical examination and health records which indicate client need. This should include health problems that staff should be aware of as well as medications and other prescribed treatment.</td></tr>
</table>

Other

This category is for observations and questions which do not fit into the other categories.

Suggestions For Streamlining Paperwork

Several different areas in the manual focus on efficient implementation of I.W.P.P. (see pages 2-4, 12, 56-59). In addition to these ideas, we suggest the following ways of reducing paperwork.

1. Don't write something twice if you can copy it: use carbons, zerox, etc.
2. Keep copies of plans to use as models or for ideas on how to develop methods.
3. Try to write in the progress performance notes only for those things which reflect progress on the client's plan.
4. If you're using a daily check sheet for client progress, ask whether the client could be responsible for checking off his accomplishments rather than staff. Staff can respond to client initiative more easily than they can initiate actions toward clients.
5. Abbreviate; use clear uncomplicated language.
6. Use a "tickler file" (where items are filed by the date they are to be reviewed) to remind you of review dates. Since the requirements for review differ depending on a client's program assignment, a tickler file system can reduce the confusion and difficulty in keeping track of review dates. A simple card index file with the client's name and review date, arranged chronologically, will allow you to be sure you meet each necessary review.
7. Use the telephone to make contacts with parents and other agencies on the client plan. Then note the contact briefly in client's progress note.
8. Don't keep records of things you don't need. Always ask why you are keeping the information, and whether you really need it.

Writing Clear, Behavioral Goals and Objectives

It is essential, if the client and other staff are to understand our plans, that we be clear and specific in stating our goals. One of the best ways to be sure our language is clear is to pretend you were a new staff person who is reading the goals for the first time. Ask yourself, "Would I know when this goal was achieved?" If the answer is "no," ask yourself, "What would the client be doing that would show me that the goal has been reached?"

On the following pages is a discussion of some common questions asked about writing goals as well as examples of vague goals re-stated in behavioral terms. On page 27 is a list of the vague terms that commonly occur in records as well as examples of how they can be re-stated clearly. This is often a good exercise in training staff: to select vague terms from their records and have them practice re-stating them in behavioral terms.

The following material on writing behavioral objectives is taken from the training manual *Goal Planning with Developmentally Disabled Persons* by Houts and Scott. Other training materials on this topic include: Mager, R.F., *Preparing Instructional Objectives*, Belmont, California: Fearon, 1961, and Parham, J. *Individual Program Planning with the Developmentally Disabled* Research and Training Center in Mental Retardation, Texas Tech. University, 1976.

THERE ARE LOTS OF WAYS TO WRITE GOALS. WHICH ONE IS BEST?

THE BEST WAY IS THE CLEAREST. LET ME SHOW YOU SOME GOALS THAT ARE NOT CLEAR.

“Robert should control his acting out”

BUT, “ACTING OUT” COULD MEAN A LOT OF DIFFERENT THINGS. WHAT DOES IT MEAN FOR ROBERT?

OH, THAT’S EASY. INSTEAD OF ALWAYS FIGHTING WITH HARRY AT THE WORKSHOP, ROBERT SHOULD WORK COOPERATIVELY WITH HIM.

WELL, THAT’S BEAUTIFULLY CLEAR. WHY NOT JUST SAY THAT?

OH, I SEE. JUST SAY WHAT HE WILL DO WHEN HE CONTROLS HIS “ACTING OUT.”

YES! THEN EVERYONE WILL KNOW WHAT YOU MEAN.

"Robert should develop an awareness of his potential"

THAT'S A "FEELING" GOAL, SO YOU CAN'T DESCRIBE ROBERT'S BEHAVIOR.

WHY NOT? JUST SAY WHAT ROBERT WILL DO WHEN HE DEVELOPS THIS AWARENESS.

YOU MEAN SOMETHING LIKE, "HE WILL LEARN TO TIE HIS SHOE LACES OR FINISH A BIRDHOUSE IN WOODSHOP."?

THAT'S RIGHT. JUST GIVE SOME EXAMPLES OF HOW HE MIGHT ACT WHEN HE HAS THIS "AWARENESS". THEN OTHERS CAN ALWAYS SEE IF HE HAS MADE PROGRESS.

"Take Robert to the workshop every day"

THAT'S A CLEAR GOAL AND
IT DESCRIBES BEHAVIOR.

BUT WHOSE BEHAVIOR?

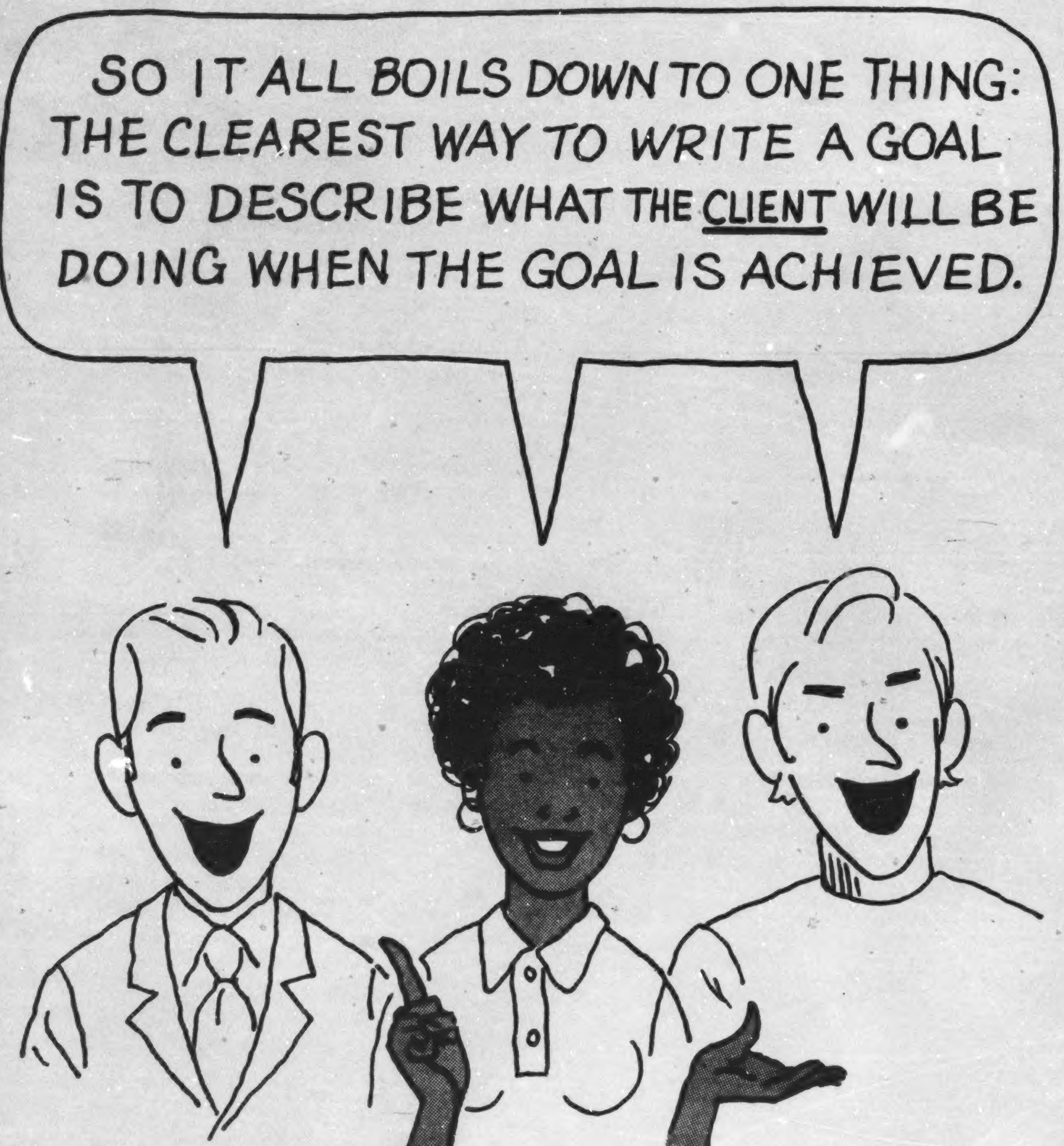
THE PERSON WORKING WITH ROBERT.

THAT'S THE POINT! THAT GOAL
IS **NOT** FOR ROBERT.

OH, I GET IT. THE GOAL SHOULD BE
FOR WHAT **ROBERT** WILL BE DOING.

RIGHT!

60


SO IT ALL BOILS DOWN TO ONE THING: THE CLEAREST WAY TO WRITE A GOAL IS TO DESCRIBE WHAT THE CLIENT WILL BE DOING WHEN THE GOAL IS ACHIEVED.

HERE ARE EXAMPLES OF HOW TO RE-STATE VAGUE GOALS INTO CLEAR, BEHAVIORAL GOALS.

Vague Goals	Clear Goals
1. SOCIALIZES LESS	1. Robert talks with his fellow workers about non-work things only during breaks.
2. RESPONDS ADEQUATELY	2. Robert answers questions in a voice that can be heard by the questioner.
3. DRESSES APPROPRIATELY	3. Robert zips his fly after going to the bathroom.
4. DEVELOPS HIS POTENTIAL	4. Robert works at ½ the rate of competitive employment.
5. IMPROVES HIS PERSONAL HYGIENE	5. Robert takes a bath twice a week.
6. DISPLAYS APPROPRIATE BEHAVIOR	6. Robert shakes hands when introduced to strangers instead of hugging them.
7. BECOMES LESS DEPENDENT UPON OTHER PEOPLE	7. Robert gets new work when his supply has run out. He does this without being told.
8. ASSUMES MORE RESPONSIBILITY FOR ATTENDING HIS PROGRAMS	8. Robert comes to the workshop on time every day without a member of his family traveling with him.
9. SHOWS IMPROVEMENTS IN RELATIONSHIPS WITH OTHER PEOPLE	9. Robert works cooperatively with other workers with only one argument per day.
10. DEVELOP EGO STRENGTH.	10. Robert refuses to do favors for other clients who order him around.

NOTE: REMEMBER TO STATE GOALS POSITIVELY. That is, say "Robert will work cooperatively with his co-workers" instead of "Robert will stop fighting with his co-workers." This can help us to think positively when working with Robert. It will also show Robert that we are working with him instead of against him.

Self Surveys: a recommended process for monitoring IWPP's and preparing for licensure

It is the responsibility of the service agency to insure that the I.W.P.P. process is a meaningful one. No outside survey groups can monitor in sufficient depth and with sufficient frequency to know this. It is therefore essential that each agency develop a method for insuring that client plans are meaningful and effective. This can be done through self-surveys by supervisory staff, or through a formal self-survey committee. In either case, focus should be on the quality of plans as well as on filling out forms correctly.

The style, or manner in which these self-surveys are carried out can have important effects on clients. When surveys are done in a positive, supportive manner, they reinforce staff's commitments to achieving positive client goals. When they are done in a negative, punitive manner, they encourage a defensive attitude on the part of front line staff and on "not doing anything wrong" rather than "doing the best job that one can."

Self surveys can serve another purpose as well: preparing for accreditation or licensing surveys. There are several advantages to incorporating accreditation or licensing requirements into the self survey: 1) staff are more likely to view the survey positively, i.e., as a way of helping them to meet these external requirements, 2) meeting requirements can be a gradual process (add a few more IWPP's a month) instead of a rush just prior to survey time. By implementing the IWPP requirements gradually, quality rather than quantity can be emphasized and the client will be the beneficiary.

Conduct Of Self-Surveys

Self-Survey Committee

One method for implementing a monitoring system can be to develop a self-survey committee within each agency. This committee can be composed of both program and production staff as well as administrative staff and board members. Advantages of this approach are that front line staff can receive recognition from top management and top management can learn from direct service staff what is being accomplished with individual clients. Information about individual client programs can be especially helpful to administrators, allowing them to see the effects of programs on individual clients, rather than aggregates and helping them to identify administrative actions which they can take to support responsiveness to unique individuality of clients.

Self-Survey by Supervisors

Some facilities have assigned self-survey responsibilities to supervisory staff. It is important that supervisors monitor programs other than their own. This avoids "conflict of interest" pressures on the reviewer. By reviewing programs other than their own, supervisors often learn how to better cooperate with other parts of the agency as well as new ideas which they can apply in their programs.

Steps in carrying out survey

On the following pages is a discussion of the steps involved in carrying out a self survey in a positive, constructive manner as well as example forms for use in such a survey.

FIRST: Make expectations clear in advance.

1) Announce, at a reasonable time in advance, when the review will be done.

2) Explain exactly what will happen during the review. Give the staff a copy of the forms you will use in writing up the review.

3) Answer any questions staff may have about the review procedure.

4) Agree on how many clients' programs can reasonably be ready for review by the date chosen. This should be a mutual decision between the reviewer and the staff being reviewed. This should be a realistic goal which allows for quality as well as quantity.

5) Be on time and adhere closely to the procedures that were announced in advance.

SECOND: Randomly select clients to be reviewed.

1) At least two clients should be selected per unit and allow 30 minutes per client selected.

2) From the pool of clients that was agreed would be ready for review, randomly select those clients you are going to review.

3) In addition to those you have chosen, you should allow the staff to select a client of whom they are especially proud so they will have an opportunity to show some of their best work.

THIRD: Review the clients' records to understand their backgrounds, what has been accomplished to date and what staff are trying to accomplish.

In reviewing the records, the following questions should be asked:

a. Is the background data adequate? Requirements for background data will vary from facility to facility, but your concern should be in whether you have enough information to judge the appropriateness of the goals chosen. A strength-need list is very helpful in making these judgments.

b. How many plans are there for each client? The number of goals per client will vary with each facility. In general, it is better to have fewer goals that are being seriously carried out than many goals that are only superficially attended to.

c. Is the language clear in the plans? Was behavioral language used in describing the goals? Was client behavior in the goal section and staff behavior in the method section? Were specific staff named as responsible for each method?

d. Are there target dates for each goal? It is essential that there be a target date for each goal being worked on now.

FOURTH: Interview the client and staff working directly with him.

You should see first hand what is happening with the client. To do this you need to see him, talk with him, and talk with the front line staff who work with him on a day to day basis. In this interview you should determine:

1) Was the client maximally involved? Did he participate in choosing goals, was he given choice in the plans, were the plans explained to him? If the client could not actively participate, did the staff include his likes and wants in the plan?

2) Are the goals meaningful for the client? The staff working with the client are in the best position to judge this. If you are experienced in working with similar clients, you may have some suggestions for them to consider. However, the final decision is always up to the people working directly with the client.

3) Do the written plans accurately reflect the client's program?

FIFTH: Give the staff feedback on their program emphasizing their positive accomplishments.

Always begin feedback by reviewing what is good about their program. This should be part of the written report. It should be clear that a large percentage of what is being done is being done well. If possible, staff should feel that the review was a chance for them to show off what good work they are doing with clients. We find it helpful to make up a staff strength-need list just as we do with clients.

SIXTH: Arrive at a consensus with the staff on any improvements to be made and when they will be made.

It is important that proposed changes be accepted by both the staff and the reviewer. Together, you should agree on a series of feasible target dates for accomplishing these changes. The staff being reviewed should have the opportunity to put their views on the evaluation form.

If only part of the clients have completed IWPP's, you and the staff should also agree on reasonable target dates for increasing the number of clients with IWPP's.

SEVENTH: Be sure that staff are clear on all aspects of the review and on what will be done with the review.

All writing should be completed before leaving the area. A copy of the report should be left with the staff. Be sure that all their questions are answered and be sure they understand what will happen following the review. If possible, the next review date should be set before leaving.

SAMPLE LETTER EXPLAINING PURPOSE OF SELF-SURVEY

Dear

There will be a review of I.W.P.P. in your area on (date). The reviewers (name or names) will be at your location at (time). As agreed previously (number) of your clients' plans will be available for review at that time.

This review is primarily aimed at recognizing your staff's positive accomplishments with clients. The reviewers will want to interview several of your clients who have I.W.P.P.'s They will also want to talk to the staff working directly with those clients. The reviewers will want to look at the records you have for those clients to obtain background and to be sure that you are recording programs to show your achievements. Clients will be chosen randomly for review. In addition, you can designate one client to be included in the review.

Your staff will have an opportunity to express their views about the I.W.P.P.'s and these will be recorded as part of the review. At the end of the review you and the reviewer will jointly agree on any goals to improve or expand the I.W.P.P.

Copies of the procedures and forms to be used in this review are attached. If you have any questions about the review, please contact me at (telephone number).

Sincerely,

Enclosures (2)
Unit Review Form
Individualized Client Review Form.

CLIENT PROGRAM REVIEW FORM*
(To be filled out for each client reviewed)

PROGRAM: ______________________________

DATE: ______________________________

REVIEWER: ______________________________

CLIENT'S NAME: ______________________________

STAFF INVOLVED IN CLIENT PLANS: ______________________________
(circle names interviewed)

1. *Background Data*
Is background data and relevant client information, including strengths adequate to understand the client's program? This should include social, vocational, educational, medical and psychological data.

Comments:

2. *Staffing Summary*

a. Was the initial IWPP completed within 30 work days of the client's admission into the facility?	YES___ NO___
b. Is there a program assignment? (Evaluation, Work Adjustment Training, Work Activities Center, Regular Work Program, Occupational Training)	YES___ NO___
c. Has a program manager been identified?	YES___ NO___
d. Is there an overall vocational goal? (e.g. competitive employment, occupational training, higher level rehabilitation programming (specify))	YES___ NO___
e. Is there an implementor assigned for each program goal?	YES___ NO___
f. Is there a roster of participants who attended the initial IWPP staffing with their signatures and titles?	YES___ NO___
g. Was the client's referring agency invited or involved in the initial Individualized Written Program Plan staffing and did they establish or approve the overall goal?	YES___ NO___
h. Has the client signed the IWPP cover sheet?	YES___ NO___
i. Was the client's parent, legal guardian and/or advocate invited or involved in the initial staffing for the development of his Individualized Written Plan?	YES___ NO___

Comments:

This form is based on the 1978 licensing requirements for Vocational Rehabilitation Facilities in Pennsylvania. By having the self-survey ask the same questions as the licensing survey, two needs are met: monitoring to insure quality programming and preparing for licensure.

3. *Periodic Reviews of Client Program*

a. Was progress toward IWPP goals summarized at appropriate times? (Quarterly by program manager and semi annually by IWPP team for Regular Work Program and Work Activities Center) (IWPP team every 30 days for Occupational Training and Work Adjustment Training). YES____ NO____

Comments:

b. Was the client involvement in reviews documented? YES____ NO____

Comments:

c. Does documentation exist that a written report of the results of the IWPP review has been forwarded to the referral agency? YES____ NO____

Comments:

d. Does documentation exist as to who participated in the review? All staff (and others as applicable) who are involved in IWPP implementation and follow-through should be in attendance at IWPP team reviews. YES____ NO____

Comments:

4. *Individual Client Program Plans*

a. Are client behaviors (needs) specified for each goal? YES____ NO____

b. Is an individual client program plan completed and clearly filled out for each program goal selected? YES____ NO____

c. Are program goals stated in terms of client behavior? Could you know when the goal is achieved? YES____ NO____

d. Are the methods clearly stated and responsible staff (implementors) named? YES____ NO____

e. Is there an overall goal stated for each program plan? YES____ NO____

f. Is the overall goal relevant to that individual client's program assignment? YES____ NO____

g. Do the short term (program) goals relate to the overall goal? YES____ NO____

h. Are there target dates for objectives? YES____ NO____

i. Are the program goals signed and dated by program manager, implementor and client (or advocate)? YES____ NO____

Comments:

70

5. ***Client and Staff Interview***

a. Was the client maximally involved? (Did he participate in choosing the goals, was he given choice in the plans, were the plans explained to him, was progress reviewed with him? If the client could not actively participate, did the staff include his likes and wants in the plan?)

Comments:

b. Were the steps (objectives) necessary to reach short term (program) goals spelled out and is there evidence of progress toward the short term goals (performance notes)?

Comments:

c. Do you have any suggestions about the goals or methods for staff to consider?

6. Comments by staff working with client.

Signature: ______________________________ ______________________________
Staff Member Reviewer

SELF-SURVEY
SUMMARY

(To summarize findings from reviews of client records)

PROGRAM AREA BEING REVIEWED: ____________________

DATE OF REVIEW: __________ **REVIEWERS:** ____________________

UNIT CENSUS:

Total number of clients in program area ____ **Number of clients with complete IWPP's** ____

STAFF STRENGTHS **(What was done right and what was done especially well)**	**STAFF NEEDS** **(State needs positively—what staff could do to improve IWPP planning)**

Next review date: ____________________

Unit goals for next review:

Number of clients expected to have complete IWPP's by next review ____________

COMMENTS ON REVIEW BY PROGRAM AREA STAFF:

Signatures: ____________________ ____________________

Unit Staff Member **Reviewer**

3 Strategies For: Involving The Client As Well As Involving The Parents And Relatives

Strategies for Involving the Client

The critical point to remember is that the plan belongs to the client and it must in the end reflect that individual's own goals and wishes for himself. In developing a plan there are three basic questions you need to ask to insure that the plan is meaningful to the client.

1. ***Who benefits?***
   Is it staff, relatives, the public — or is it the client who benefits?

2. ***Does it reflect the client's own stated or observed choices, wishes, desires and likes?***
   At one level a client can tell you exactly what he or she wants, at another level you may only be able to observe that the client for example; "likes sun light," "likes colors," "likes Mrs. Smith." Consideration of the client's own likes and preferences can help to make the client more interested in the plan and more importantly, can insure that the plan is meaningful for the client.

3. ***Does the client understand and agree with the plan?***
   The client must agree to the goal. Without this agreement, the plan is not likely to be successful or you may find yourself using punishment strategies to make it work. Understanding and agreement can also be indicated by use of the client's indentified likes and preferences.

Should the client be present at staffing?

Staff meetings may not be the best place to insure maximum client participation in developing the plan. Only a very articulate, strong client will feel comfortable discussing his program with a large group of people. In many cases, it may be best to have a staff person sit down with the client before the meeting to go over the client's S/N List with him to identify areas that are important to the client and list some suggested goals. If tentative goals are to be developed before the meeting by staff these tentative goals should be discussed directly with the client in terms of his wishes, choices and desires. This information can then be brought to the meeting. The client can also be at the meeting, or the final goals can be approved by him or her after the meeting. This process not only reduces meeting time but also helps to insure meaningful client input. If the client is not present at the staffing, an explanation should be written in the IWPP to show that this issue was considered and to explain how the client was involved.

Techniques to help involve clients.

a) Have a person who knows the client and whom the client trusts explain the staffing to the client before the meeting. If the client is present at the staffing this person should sit with him or her.

b) If the client is present at the staffing, here are several techniques to help make this a positive, meaningful experience.

   1) Encourage staff to speak directly to the client when talking about him/her. This should include looking the client in the eye and using his/her name as they speak.

   2) Have the client present only when his/her presence is important. Avoid having the client sit through irrelevant discussions or for longer than his or her attention span allows.

   3) Discuss material which would be embarrassing or upsetting to the client before he/she joins the group. Sometimes it is better for the client to be present during these presentations, so a judgment will have to be made for each case.

   4) Start with a discussion of what the client has accomplished and what he/she does well. This initial focus on the positive will relax the client and show that you are working with him/her.

   5) When interviewing the client, start with what he/she likes about their program. This is usually easy for the clients to answer and gives them a chance to establish a positive relationship with the group.

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c) As a general rule try to involve the client more than you think he/she is capable. This is for two reasons.

1) Staff often have a tendency to underestimate how much a client can participate in planning their programs. Therefore, you may be surprised at how much the client understands and how much he/she can contribute.

2) By stretching the client to become involved, he/she will gradually learn these skills and will become more and more capable of meaningful involvement.

The Client Speaks

Listen rehabilitation workers. Treat me as a person not as a diagnostic label, a typical client, or as an object of service contract between your facility and another community agency. As a person I fit no preconceived mold. I come to you with my unique fears and hopes, uncertainties and convictions, weaknesses and strengths.

I also come with unrealized potentials, potentials with fewer fixed limits than I am aware of or that you should set for me until together we can more fully explore what I may become.

As a person, I ask that you talk *with me,* not *at* me or *about* me, and certainly not *down* to me. Look me in the eye and show that you know that I exist as a feeling, responding, and responsible person.

As a person, I may have some very important things to say about who I am and what I want to be. So listen to my thoughts though they may be at times poorly formed and falteringly expressed.

Indeed, I am a person in the making. Assist my rebirth or my growth by showing me your acceptance, regard, interest, and respect as a fellow human being. You know, you and I are much more alike than we are different.

When you talk of my rehabilitation plan, it cannot be *my* plan if shared only with the helping professionals or staff around me. Neither can it be my plan if I have no say as to its goals and the means for achieving them. Although I may not be as wise and knowledgeable as you about rehabilitation methods and resources, labor market requirements, and the like; I may know some things you don't know and should know.

I know some things that I want, that turn me on. I know how I feel about some of the procedures and experiences that you plan so objectively and professionally for me. For you see you are talking about *my* life.

My lack of objectivity and what may appear to you at times as irrational responses arise from my experience of this world as *I see* it and as *I feel* it. I'm sure that I must often frustrate you because I don't always know or accept what is "good for me." But be patient.

If the plan we work out together brings me rewards and some degree of fulfillment, I will learn in time what is good for me. If I am allowed decisions which do not result in personal rewards and satisfactions, that too may be good for me. Why? I may be more willing to reconsider or to explore other options and plans rejected by me before, plans you perhaps wish I had accepted in the first place. Yet, if I had followed them without acceptance, could they have succeeded?

Now, during my rehabilitation program if I am to learn from my successes and failures, I must know specifically how I succeeded or failed when I did so. Do not keep me in the dark on how I am doing. When you give me feedback on my hits and my misses, I can travel more directly toward my rehabilitation targets. When you tell me about my misses though, don't just tell me what I did wrong. Tell or show me how I can do it right next time. And let me know my progress toward rehabilitation goals for the rehabilitation path often seems difficult and sometimes endless.

Rehabilitation workers, are my requests really so demanding or unrealistic? I only ask what I'm sure that you would ask if our positions were reversed. So treat me as you would want to be treated if you wore the label "client." In doing so, "personhood" may replace "clienthood." Is not that what rehabilitation is all about?

From an address given by Everett H. Barton, Ed.D., at the Region X Rehabilitation Facilities Annual Convention, Portland, Oregon 10/22/71.

Dr. Barton is a person who happens to have Muscular Dystrophy.

INVOLVING PARENTS AND RELATIVES

Parents, relatives and other persons close to the client are very important resources for client development. It is extremely important to involve parents in the planning process as early as possible. They are much more likely to be supportive if they have been consulted during the development of the plan. They also can contribute valuable information for developing the plan as well as giving feedback on progress in implementing the plan.

On the following pages are some suggested strategies for dealing with specific problems that may arise in this area.

PARENTS REFUSE TO BECOME INVOLVED IN CLIENTS' PROGRAMMING

PROBLEM: "We have parents who won't come to meetings or even discuss their child's program with us. What can we do?"

SUGGESTIONS:

1) Put yourself in the parents' shoes. Ask yourself "why should I become involved in this program?" Talk with parents and ask them what would make them want to become involved in IWPP planning.
2) Effective parent involvement requires aggressive efforts on your part. Go after them! Work at it! It is going to take work and you cannot expect parents, who have had very little to do with agencies or been very little involved with their children's programs in the past, to suddenly change. Persist, since the payoffs are considerable for your efforts!
3) Try to enlist the help of other parents in approaching your more reluctant parents. Ask the more active parents to make telephone calls or to meet with the less active parents.
4) If possible, make your initial contact in the parents' homes as they may feel more comfortable in their own environment.
5) If the reluctant parents are from a particular ethnic group, then try to have people from their ethnic group be the ones who approach them. Frequently, parents from minority ethnic groups feel unwelcome and uncertain in "majority group" programs. Do your best to ease the transition for them by having people from their same backgrounds participate with them.
6) Start with very simple tasks where the parents can participate actively. Give them a good deal of positive attention and support for their contribution. You are trying to develop a whole new pattern of behavior and it will necessarily be slow, so be patient.

7) Give lots of support and recognition to the parents for even a small input on their part. This will help them to see that you want to help them. Have a prestigious person from their own community ask them to participate. For example, you can approach their religious leader or perhaps another member of their family and ask them to support your efforts in approaching parents.

8) Be precise about what you want parents to do. It is especially important in the beginning that you spell out in very clear terms what their role is to be, so that they do not feel uncertain about their contribution and so that you can give them plenty of positive support for what they've accomplished.

9) Be creative: post cards from their child, send completed projects home, invitations to just observe, audio tapes, etc.

PARENTS HOLDING CLIENT BACK

PROBLEM: "Parents are often more resistant to new goals than are clients. They frequently hold the client back. What can we do?"

SUGGESTIONS:

1) Frequently parents must learn what their child can do and learn to have confidence in their child's ability to do things on his own. Therefore, beginning goals may be very small, actually less than the client is capable of doing, in order to demonstrate to the parents what the client can do.

2) Parents should be involved in plans from the beginning. They should participate in developing the strength/need list and they should participate in selecting the goals. If you develop plans independent of the parents, it should be no surprise when they balk because of not being included.

3) When you develop your plans, give the parents something meaningful to do in the plan. Help them to make a contribution. In this way they can be directly involved in the IWPP process.

4) Use films and other materials to show parents the kinds of things that clients, like their child, can learn to do.

5) Give the parents feedback on how their contribution to the IWPP plan contributed to its success. Very frequently we neglect to give feedback to parents and, not surprisingly, they become uninterested and discouraged.

4 Maximizing Staff Cooperation

Developing Cooperation Between Production And Rehabilitation Personnel

Lack of cooperation between production and rehabilitation staff is a common problem in vocational rehabilitation facilities. The basic reason for this problem is not the people involved, but rather the fact that the agency has multiple and often conflicting goals. For example, a vocational rehabilitation facility must be committed to efficient production in order to provide realistic training for clients, to provide wages for clients, and to provide income for the agency. The same facility must also be committed to individualized rehabilitation programming in order to help the client deal emotionally with his/her limitations and to scale demands down to his/her level of functioning. Inevitably, these two sets of goals conflict since production cannot be maximally efficient when there are continually adjustments to individual client needs. Compromise, accommodation and sincere effort to work together is the only solution. Since the pressures of these conflicting goals is ever present, it takes continuous effort to counteract them and the responsibility must be with the director since only he or she has the power to direct both groups. *If the groups are not working together, the director should be held accountable.*

Assuming strong administrative support, there are a number of things which can be done, some of which may be applicable in your setting.

Hiring

It is often helpful to hire staff who have experience in both aspects of vocational rehabilitation. Hiring production staff who have both training in rehabilitation as well as experience in industry is often effective. Similarly, rehabilitation staff may be sought who have production experience.

Hiring "quality" personnel (which includes an open, cooperative manner in working with others as well as a high degree of professional or job expertise) is probably the most important thing an agency can do to provide quality service. Paying higher wages for quality people increases both the earning potential and the rehabilitation potential of a facility. Therefore paying more money for good people will, in the long run, pay for itself in increased earnings and service fees. In addition, cooperation between production and rehabilitation staff will be easier to achieve with staff who are confident of their own abilities and who have effective interpersonal skills.

Firing

The power to fire is the ultimate management tool to insure an effective program and it must be used with great discretion. Nonetheless, cooperation between production and rehabilitation staff is so critical for client growth that firing staff may be an appropriate tool under some circumstances. Staff should understand that this issue is of sufficient importance that firing of staff will be considered, if necessary, to insure cooperation between the two groups.

Job Description

One of the best ways to clarify expectations is through job descriptions. It should be explicitly stated how each group is to work together (i.e. participate in joint staffings, carry out assignments from staffings, etc.)

One way to increase understanding and commitment to job descriptions is through yearly negotiations between supervisors and supervisees. Both the supervisor and supervisee should independently write what is expected of the supervisee. They should also rank these duties in order of importance. After they have completed their lists, they meet and negotiate the final job description. (It is important to also include in these negotiations the supervisor's responsibilities in providing support and resources to the supervisee).

The negotiated job descriptions should include specific duties which will help production and rehabilitation staff to understand the perspective of the other. Following are examples:

1) Production staff do periodic ratings of clients in terms of their rehabilitation goals.
2) Rehabilitation staff must spend a certain % of each day in the production area.
3) Production staff must attend rehabilitation staffings of their clients.
4) Rehabilitation staff must master all job tasks required of their clients.

Agency Procedures

There are many ways in which agency procedures and routines can be structured to maximize joint efforts between production and rehabilitation staff. Following are some examples.

1) No client plan can begin without signature of the client's work supervisor, his counselor and the client him or herself.
2) At each staffing, there is time allotted to both rehabilitation and production staff to present their observations and recommendations.
3) If possible, production and rehabilitation staff eat in the same sections of the cafeteria and have lunch hours scheduled at overlapping times.
4) All client plans in the production area could be developed by production staff with rehabilitation staff being available to offer suggestions or help as requested.

Rewards

It is important to reward cooperation between these two groups. This can be done in a number of ways. Following are some examples:

1) Merit bonuses should be possible for all staff and cooperation with other staff should be an important element in these awards.
2) Awards for superior performance can be given to teams consisting of both rehabilitation and production staff and not to single individuals.
3) Newspaper publicity can emphasize the role of production personnel in rehabilitation of clients.
4) Promotion possibilities should be open to all staff. This is particularly important for production staff who frequently feel that their options are limited. It should be clear that outstanding performance, which includes cooperation with other staff, can lead to promotion. In the case of production staff who lack credentials for rehabilitation jobs, the agency should consider supporting them in any efforts they make to obtain more education.

Day to day attention from supervisory staff is an important type of reward for supporting cooperative efforts among staff. Supervisors should consciously notice and commend staff for cooperative efforts on a regular basis.

Training

Too often attendance at outside conferences is allowed only for rehabilitation staff. Both groups should share equally in these opportunities for stimulation. The following variation is also suggested:

1) Production staff be given administrative leave to attend rehabilitation conferences.
2) Rehabilitation staff be given administrative leave to attend conferences dealing with production problems.

Compensation

All too often, production personnel are paid significantly lower than are rehabilitation personnel. This inequality can cause resentment on the part of production staff. By paying production staff higher wages, more skilled staff can be recruited who can both earn more for the facility and who can relate to rehabilitation staff more as equals.

Supervision

In order to effectively monitor how production and rehabilitation staff work together, it is essential that supervisors become involved with individual cases. By sampling the case load, a supervisor can become familiar with what is happening in individual cases and therefore accurately determine how the two groups work together. In some facilities, supervisors are expected to carry a case-load in order to maintain first hand contact with what is happening to clients. Involvement with individual cases also allows the supervisor to model how case management is done cooperatively and allows him or her to give attention and support to joint efforts between rehabilitation and production staff. Daily attention to positive accomplishments with clients can have a profound effect on staff behavior; much greater than occasional reprimands when things aren't right.

STAFF RESISTANCE TO NEW PROGRAMS

PROBLEM: "Our front-line staff have seen many programs come and go and so many of them resist any new program."

SUGGESTIONS:

1) Let staff know that it is natural and healthy to suspect new programs. They should see what the IWPP can do before they accept it. Therefore, they should give it a try (by going through the workshops) in order to judge it.

2) The best motivation for front-line staff to do IWPP's is positive recognition from supervisors and pride in seeing clients change because of their efforts. Therefore, stress these advantages when working with front-line staff.

3) It is important that supervisors use IWPP's to encourage and support front-line staff. As front-line staff experience positive recognition for their work, you will see a growing commitment to IWPP's.

4) When working with resistant staff be sure that your goals for them are reasonable and, at the same time, be firm in expecting them to do their work. You may want to start with very small goals at first and then gradually, increase what is expected.

5) Focus, initially, on influential staff members. If they are sold, they can influence others. Influential people are the informal leaders among staff and can be located in all types of positions in the organization.

6) Review job descriptions of your staff to determine whether preparing IWPP's is within their responsibilities. If not, investigate altering the job descriptions.

STAFF RESISTANCE TO WRITING

PROBLEM: "Many front-line staff feel uncomfortable about writing. How can we get the IWPP's written and still maintain front-line staff participation?"

SUGGESTIONS:

1) Designate a secretary, volunteer or another staff person to write the IWPP. Many people find it helpful to use a blackboard and to write the IWPP out in front of the group. Then front-line staff can copy from the blackboard. A tape recorder may also be used if the plans are written after the meeting. It should be understood that the front-line staff are primary in developing the IWPP and that these devices are only for recording information.

2) Certain plans will be repeated frequently for a group of clients. For example: Toileting, self medications, crossing streets, etc. These plans can be reproduced or kept in a central "reference file." They can then be changed to fit each client's special situation. It is important that the individualized spirit of the IWPP be maintained and that these plans be adjusted to fit the client rather than visa versa.

3) Short-hand terminology which is understood by all staff can be used. Terms such as "shaping," or "graduated guidance" have precise meanings, but cover a good deal of activity. Such terms can be used in the method section provided all persons who use the plans understand the terms in the same way and would know what they have to do with that client.

4) Some plans may be copied or reproduced from standardized training programs which are available for many client need areas (e.g. behavior modification programs, standardized discharge planning programs, standardized work skill development programs, etc.). These programs often include steps with behavioral objectives and staff responsibilities spelled out. They can be used as IWPP's provided the client is maximally involved, target or review dates are set, particular staff are listed as accountable and that full use is made of the client's strengths (the strength list is especially helpful in identifying meaningful reinforcers.)

"WE DON'T HAVE ENOUGH TIME"

PROBLEM: "Our staff are so busy now that we can't possibly ask them to write IWPP's for all of our clients too."

SUGGESTIONS:

1) You will never have enough staff time to do everything you want to do with clients. Ask yourself, how important is it to have individualized client plans which use the client's strengths and spell out who is accountable for what? If these things are important, you can make time to at least begin IWPP's.

2) Implementation of IWPP's should be gradual. Where work loads are very heavy, IWPP's will have to be implemented slowly. It is important to set reasonable goals for ourselves just as we do with our clients.

3) It is more work to set up a new program than to maintain it. Therefore, IWPP's will be more work at first as people learn the new routines. After it is running smoothly, the extra work will drop off.

4) At first IWPP's may seem to be more work than just responding to crises. But it also helps to prevent crises and, in the long run, can save a great deal of time and trouble.

5) As much as possible, give clients the responsibility of showing staff when they have completed a planned activity. It takes less time for staff to respond to clients than to seek them out.

6) If several clients are working together on the same goal, it may be possible to work with clients in groups. However, be careful to maintain the individualized quality of the IWPP's and to adjust the program to fit individuals rather than making individuals fit into a standardized group program.

7) Clients or their families are often able and willing to write out the plans. If you write out the first step, they can often complete the writing of the plan.

8) Trained, community volunteers can often be of help in writing plans as well as in carrying them out.

9) If standardized or reproduced plans are used, this can greatly reduce the amount of staff time required to develop and write out plans. The staff can use the standard plans as starting points to develop plans that fit each client's unique situation.

PHILOSOPHICAL OR THEORETICAL DISAGREEMENTS WITH IWPP PLANNING

"MY THEORETICAL PERSPECTIVE LEADS ME TO THINK....

PROBLEM: "There are some people at our facility who are committed to a particular theoretical approach and they are continually raising philosophical or theoretical objections to IWPP planning. How should I deal with them?"

SUGGESTIONS:

1) Avoid abstract, theoretical discussions since they can become tests of who is the cleverest debater instead of what helps the client. Instead, ask these people to try IWPP planning before they judge it.
2) Always bring the discussion back to the particular needs of a particular client. Does he need a job or certain skills or a particular activity? If you can agree on specific things that he needs, then IWPP plans are an obvious way to help him meet those needs.
3) Explain that IWPP planning has been used with all theoretical persuasions. Any approach can be put in the method section provided clear language is used. It is simply a way to be clear and specific about what we are doing with clients.
4) The strength list is a way to focus on the positive aspects of the client. All theoretical persuasions can see merit in this, so it is good to focus on the use of the strength list when explaining the program to these people.

STAFF RESISTANCE TO MEANINGFULLY INVOLVING CLIENTS IN IWPP PLANNING

PROBLEM: "Some of our staff believe that clients should not be involved in developing their plans. 'After all, they are handicapped and it's our job to help them.' How should I deal with this?"

SUGGESTIONS:

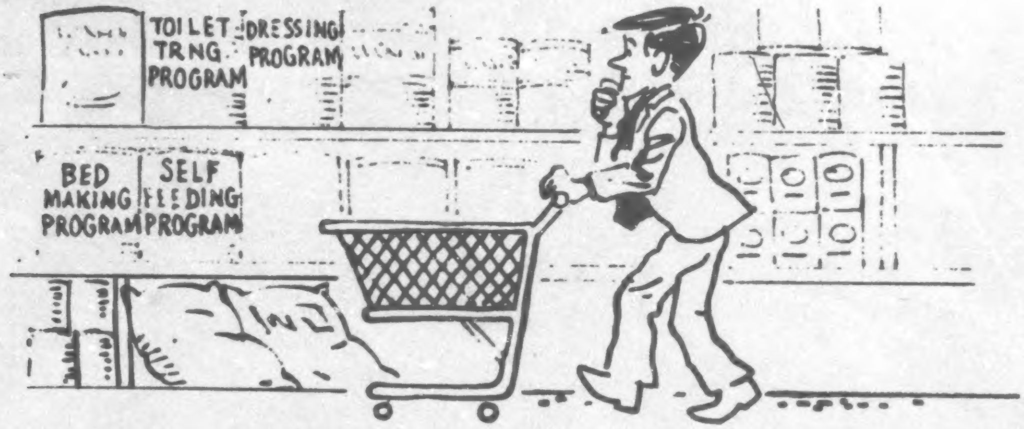
1) Clients have the legal and moral right to be involved in developing their plans and this cannot be compromised. However, we should also realize that for many staff this is a new idea and much of their resistance comes because they do not know how to do it and have not experienced it. Therefore, we will have to work with these staff to help them learn how to effectively involve clients. Progress may be gradual since this is a new experience and we should not expect too much too quickly.

2) The best way to teach involving clients is by "modeling" for the staff how to do this and also through supportive guidance and supervision.

3) Certain staff often feel comfortable with certain clients. In this case have staff choose those clients for their first goal planning. This will make it easier for them to practice how to involve the client in goal planning.

4) Emphasize the clinical advantages involving the client: he is more committed to working on the plan; it helps develop his self-esteem and it also is an excellent way for staff to learn more about the client and what is important to him.

PLANNING WITH STANDARDIZED PROGRAMS



PROBLEM: "Can standardized or 'canned' programs be used with IWPP planning?"

SUGGESTIONS: Yes with caution! Many facilities use the same plans with several clients and some have even compiled sets of frequently used plans. There are also sets of standardized plans which have been printed for wide distribution. Any of these can be used as plans provided that the basic elements of the IWPP are retained: involving the client, using his strengths, spelling out steps with behavioral objectives, staff responsibilities and target dates. The following procedures are recommended in using standardized programs to insure that IWPP principles are followed.

1) The first step in programming should be to develop a comprehensive list of the client's strengths and needs. In compiling these lists, the following sources should be used: the client (if possible), his (or her) family, staff who work directly with the client, test results, rating scales and records of past performance.

2) Selection of plans should depend on client needs rather than on the availability of a particular standardized program.

3) The client should be maximally involved by participating as much as possible in choosing and individualizing the plans, by building choice into the plans (i.e. choosing rewards or choosing tools to use, etc.) by including his likes and wants in the plan and by always explaining the plan to him.

4) Where standardized plans are used, they should be carefully reviewed and adjusted to fit the individual needs of the client rather than vice versa. This may require changing or adding steps or changing the method used in the plan.

5) Maximum use should be made of the client's skills, his likes and outside resources which can help. It is often helpful to review the client's strength list and to use as many strengths as possible in the plan.

6) The plans should include sequences of behavioral objectives, with clear statements of staff responsibilities and target dates (or, in the case of highly organized programs, frequent review dates).

STAFF GROUPS WON'T WORK TOGETHER

PROBLEM: "Different staff groups or disciplines won't cooperate in IWPP planning. Each one wants to protect its domain and won't cooperate with the other groups."

SUGGESTIONS:

1) Cooperation among staff is essential for effective IWPP planning. One of the best ways to increase cooperation is to focus on the client and his needs rather than on discipline "boundries" or group prerogatives. Always ask staff to justify their proposals in terms of how it will help a particular client rather than on their "authority" or "professional status," etc.

2) When staff meet to develop IWPP plans, have the leader of the meeting be someone who has the respect of other staff groups and who has a good command of IWPP planning.

3) Some facilities have rotated responsibility for leading IWPP planning meetings. This way no one group is favored over another.

4) For a discussion of developing cooperation between productions and rehabilitation personnel, see pages 35 and 36 of this manual.

COORDINATING DIFFERENT STAFF MEMBERS

PROBLEM: "It is often difficult to communicate with all staff involved in IWPP's especially when there are other shifts or disciplines involved and if people are in different locations."

SUGGESTIONS:

1) Have the client carry a copy of the plan to show to other staff who will be involved. These staff should have been oriented ahead of time to the possibility of clients doing this. They should also understand that they can make suggestions to change the plans. This will avoid any feelings that plans are being forced on them without their participation.
2) IWPP's can be kept at a place where all staff who work with a client have access to them and can record their comments or additions.
3) Copies of the plans could be "mailed" to other disciplines or locations that work with the client. Mailing is rarely enough by itself. It is best to follow up with phone calls and personal visits with staff who will be involved.
4) In the method section of the plan designate someone as responsible for communicating the plan to other, involved, parties.
5) Set aside some specific time for meeting with all staff members involved with certain clients to review their goal plans.

EVALUATING PROGRAMS BY COUNTING NUMBER OF GOALS ACCOMPLISHED, ETC.

PROBLEM: "Why not add up the number of training sessions or the number of goals accomplished as a way of checking on whether staff are working hard enough?"

SUGGESTIONS:

1) This sort of counting should be done very cautiously, if at all, since it can undermine the foundation of the IWPP process: the commitment of front-line staff to their clients. The danger is that, when staff are judged by numbers, they feel under pressure to produce numbers rather than meaningful client change. There are many devices available to staff to meet this pressure for numbers: working on skills which the client already has, setting very easy goals, perfunctorily going through some of the requirements of a step without the personal involvement that may be necessary to make it effective, and many others so that it is impossible for administrators to seal up all the holes.

2) Aggregate data is very susceptible to misinterpretation by administrators not intimately familiar with a unit. For example, the "numerical productivity" of one unit may be inappropriately compared with that of a different unit: or staff may be inappropriately judged as "better" or "worse" depending on their numerical output. Such misinterpretation is not inevitable, but it is always possible and continuous vigilance is required to avoid it. The danger is greatest in large organizations where administrators are not intimately involved with their front-line staff.

3) Numerical data tempt staff to talk about programs and clients in terms of numbers which can only move us away from normalization and humanization of human service programs.

4) An alternative approach to evaluation which avoids the problems of aggregate numerical data is discussed in the section on self-surveys. These surveys involve random sampling of individual client plans with in-depth interviews with clients and staff. The emphasis in this review is on clear expectations for staff, a focus on the client and his needs, looking for behavioral evidence of client progress, and on positive, supportive attention to what staff have accomplished. At the end of the review, reasonable goals are set to be achieved by the next review. These procedures provide rigorous accountability in terms of what is happening to clients and give personal recognition to the accomplishments of front-line staff. Administrators and outside evaluators would receive copies of these in-depth reviews of individual cases.

5 Coordinating With The Client's Referral/Sponsoring Agency

Coordination With The Client's Referral/Sponsoring Agency

The case manager of the referral/sponsoring agency will probably have a responsibility to monitor the client's progress in your program and insure that the client is moving toward his/her overall goals. The realities are that many case managers, particularly at referral agencies, have extremely high case loads and may not be able to provide continuous monitoring.

It is recommended that service agencies take the initiative in maintaining contact with the referral/sponsoring agency and provide information to that agency on the client's progress. In chapter I, it was suggested that the first step in developing the Individualized Written Program Plan is to meet with the referring agency case manager. This person should also be invited to participate in the client's reviews and, that if he or she cannot attend, a short statement of the client's progress on his program goals and any new objectives established for the client be provided to the case manager.

Coordination with other Agencies serving the Client

The client's program manager should be aware of all other agencies working with the client and view them as potential support systems for Individualized Written Program Plans. It's particularly important to be sure that all agencies working with the client agree on the client's overall or long term goals. Further, different agencies can review each others' objectives and methods to insure that each reinforce the other's program.

Following are some recommendations for maximizing positive coordination between agencies:

I. ***Personalize your contacts***

Seek out the individual most responsible for working with the client in the other agency. Develop a relationship that allows you to pick up a phone and call each other. Call when things are going well, not just when there's a crisis.

II ***Invite other agency(s) to I.W.P.P. meeting.***

They may not be able to attend, but will appreciate knowing that the client's program is being reviewed. This gives them the opportunity to make input if they wish.

III. ***Involve other agencies early in the planning process.***

When you are preparing for a I.W.P.P. meeting, particularly the initial meeting, contact the other agencies working with the client and include their observations in the client's original assessment.

6 Strategies For Dealing With Problem Behaviors

STRATEGIES FOR APPROACHING PROBLEM BEHAVIORS

1. **SEE THINGS FROM THE CLIENT'S POINT OF VIEW**

   a) Learn as much as you can about the client's background to help to understand why he acts as he does.

   b) Ask the client "Why do you act that way?" and "How can we help you stop?" It is surprising how often we forget the simple step of asking the client directly about his behavior. Frequently the client will give us reasonable and helpful answers.

   c) Put yourself in the client's shoes and think to yourself "What could I do or what could others do to to help me control this behavior?"

   d) Observe the client carefully and keep records. This is especially important with non-speaking clients. It also helps to insure that we are not distorting what is happening.

2. **GIVE PRIMARY ATTENTION TO DEVELOPING TRUST BETWEEN YOURSELF AND THE CLIENT**

   a) Use people, in the plan, whom the client likes and trusts.

   b) In order to develop trust, your first goal may side-step the problem behaviors and just work on something important to the client.

   c) If the client is new to a program, you may want to wait before starting IWPP planning in order to allow enough time to develop trust between staff and him/her.

3. **STOP PROBLEM BEHAVIORS BEFORE THEY HAPPEN**

   a) Teach the client alternate ways of dealing with problems. Use these strategies **before** things get out hand; while the client and others can control their feelings and behaviors.

   b) Increase positive, competing behaviors. Ask "What does the client do when it is not a problem?" and increase those behaviors.

   c) Pay attention to the client's positive behaviors. Catch the client doing something right and reward him for it.

4. **USE SMALL GOALS WITH SMALL STEPS**

   a) At first the goals may have to be extremely small to insure success and to show the client that we can work with him.

   b) Review strategies you have used in the past and ask if they would have been successful if the goals or steps had been smaller.

5. **BE SURE EVERYONE IS CONSISTENT IN WORKING WITH THE CLIENT**

   a) Developing new, positive behaviors requires consistent support from everyone in the client's world.

6. **DON'T GIVE UP**

   a) Change is often slow at first, especially with longstanding behaviors.

CLIENT BOTHERS OTHER CLIENTS AND WON'T LET THEM DO THEIR TASKS

PROBLEM: "We have several clients who are continually bothering other clients and interfering with their work. What can we do?"

SUGGESTIONS:

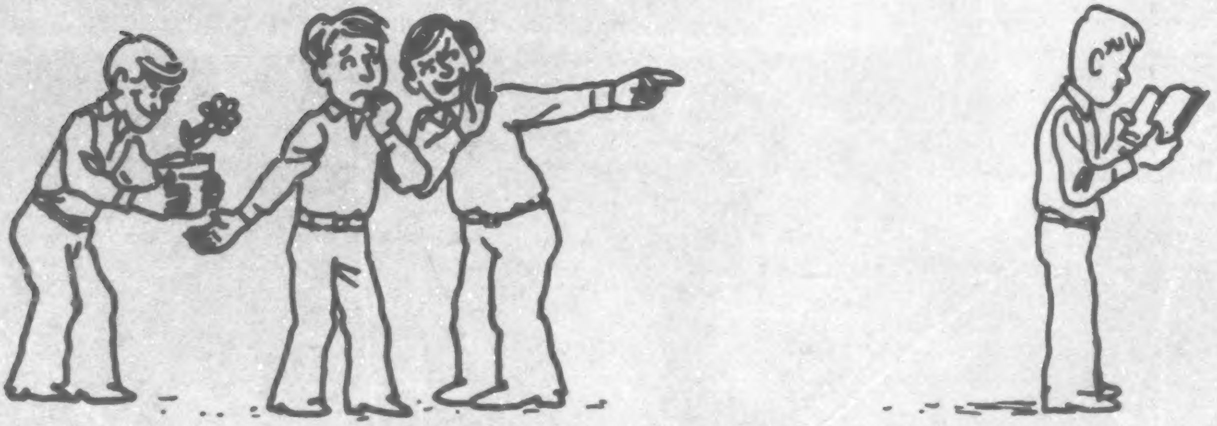
1) Give these clients assignments which are independent of other clients. This may mean that they have to work alone or only with certain clients whom they do not bother.

2) If it appears that the client is doing this in order to gain attention and recognition from others, consider giving him some responsibility. In this way, he can feel he is getting attention and at the same time, can be contributing to the work rather than hindering it.

3) It is often helpful to keep these clients very active since they frequently bother other clients only when there is nothing else to do. By having more active programs, they will become much less of a problem to the group.

4) Encourage other clients to ignore him when he is interrupting their work.

OTHER CLIENTS PROVOKE CLIENT INTO PROBLEM BEHAVIORS



PROBLEM: "Other clients will tease or agitate this client into being upset or engaging in disruptive behaviors. It really isn't his fault since the others are goading him into it. What can we do?"

SUGGESTIONS:

1) Minimize the time which this client spends with the other disruptive clients. You can structure more individual activity for him and, when he is with the other clients, you can structure their activities so that they are busy at constructive tasks.

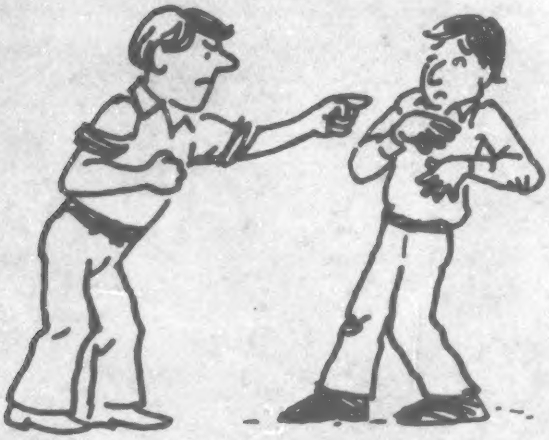
2) Give him social recognition and support for what he's doing well. This will help offset the social pressures from other clients. As he becomes more sure of his own worth, he will be less susceptible to influence from others.

3) Is there anything positive which this client could do with the other disruptive clients? Can we structure activities so that, as a group, they are rewarded for their positive behaviors rather than for their disruptive behaviors.

4) Have, in reserve, some activities which will distract the client and the others, who may be involved in disruptive behavior. Examples would be a quick snack, music, a group game, an announcement, etc. You can use these distracting activities early, before things get out of hand.

5) If the client does not want to be bothered by the disruptive clients, help him develop some strategies to use when they start to bother him. For example, he could ask a particular staff person for help, or he could practice things he can say to the disruptive clients. You should have the client practice these new behaviors so that he is comfortable and capable of carrying them out. Then give him homework assignments where he can gradually learn to use them in real life situations.

CLIENT INITIATES FIGHTS



PROBLEM: "We have clients who will seek out fights with other clients. What can we do?"

SUGGESTIONS:

1) Find out if the client wants to control the fighting himself. Frequently clients do not want to fight, but find themselves drawn into it without knowing what else to do. In this case, you can help the client by giving him some alternative strategies for how to deal with the problem situation (e.g., name calling). Help the client to control his temper early in the sequence before it gets out of hand.

2) Find out when the fighting occurs. Keep objective records for a period of time so that you are sure of what is happening. Be careful not to just rely on your memory since, particularly in situations such as these, memories distort easily. When you know when the fights occur, then you can structure distracting or alternative activities at those times.

3) It is important to have complete cooperation from all members of the staff, other clients and the client's family. Everyone should respond consistently and in the same way to the fighting behavior.

4) Reward the client for avoiding fighting. This may be paired with negative consequences for fighting. Develop some meaningful rewards for avoiding fights in those situations which previously have set off fighting behavior.

5) Develop activities which will give him positive attention for positive behavior, especially in those circumstances where he has been fighting in the past. If the client tends to bully weaker or younger people, then it may be possible to give him a position of responsibility over the younger or smaller clients. If he feels that he can be important in a positive way, this often helps to displace the fighting behavior. Be sure to provide close supervision at first with roles clearly spelled out to insure that he does not abuse his authority.

CLIENT RESISTANCE TO TRYING SOMETHING NEW

PROBLEM: "Many of our clients are very hesitant to try out new things. What can we do?"

SUGGESTIONS:

1) The client does have the right to refuse to participate in a program. However, he cannot make a meaningful decision unless he knows what the program involves. Therefore, we should encourage him to try a program before judging it. We may have to be quite directive (e.g., urging him to go, or going along with him) to get him to experience the program. Once he has experienced the program, he should be free to make his own decisions.

2) It is often helpful to introduce new programs to several clients at a time. Then each client does not feel that he is being singled out and he may be more comfortable in a group than trying something alone.

3) It may be helpful to introduce new activities gradually. Start with activities the client is already doing and gradually introduce new activities or variations in old activities.

4) Be sure you have meaningfully involved the client in choosing the program.

5) Be sure the client understands what will be expected of him. Often clients resist a program because they don't understand what they will do.

6) A short term contract with the client may be helpful. This contract should specify that the client will try the program for X days and will be free to discontinue at the end of that time.

CLIENT IS EXTREMELY SENSITIVE TO CRITICISM

PROBLEM: "We have a number of clients who have a great deal of difficulty handling criticism. Even normal suggestions are interpreted as criticism and the client either becomes very angry or else breaks out in tears. What can we do?"

SUGGESTIONS:

1) One of the best techniques that we have found has been to precede suggestions with praise. That is, always begin what you say to the client with some praise about something which he or she has done. Then you can follow this with suggestions about how they might do something a little differently. State these suggestions positively in terms of what the client should do instead of what he should not do. Also, be sure that the tone of your voice is positive and supportive.

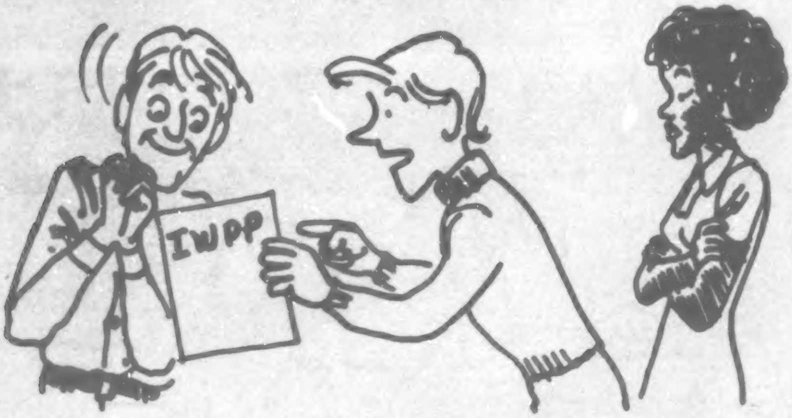
2) Another helpful device has been to organize a project where the client is sure to get a great deal of praise and positive attention. For example, if the client bought some new clothes or was given some public responsibility such as helping one of the staff persons, this would provide opportunity for staff and others to give the client a great deal of praise and positive attention. Our experience has been that when clients are getting positive recognition, they can tolerate suggestions and even criticism much better.

3) When you make a suggestion to the client who is very sensitive, try to include some choice on his part so that he feels that he is part of the planning. For example, if you want to suggest that the client put more energy into sweeping, you could also ask him whether he preferred to use a push broom or a sweep broom. By simply adding an element of choice, the client feels consulted and it is easier for him to deal with your suggestion or criticism.

4) Ask the client for suggestions for ways that will help him handle the criticism. He may give you some good strategies, such as "Don't criticize me in front of my girlfriend." Or "Just give your criticism once and don't repeat it." It never ceases to amaze staff how frequently clients can make excellent suggestions about how to handle their own problems and we should always be on our guard not to ignore this very important resource.

5) Ask "When does the client handle criticism well?" Try to repeat those conditions.

CLIENT PROMISES, BUT DOESN'T FOLLOW THROUGH



PROBLEM: "This client will agree to anything you ask him to do when you're at the staff meeting; however, he usually forgets or doesn't follow through with what he has promised. What can we do?"

SUGGESTIONS:

1) Be sure that what you have asked of the client is in fact reasonable. One of the most frequent reasons why clients do not follow through on what they promised is that the program itself is not reasonable for them. Often, in the beginning, it's a good idea to choose a behavior which you are certain he is able to perform - something you have seen him do several times already. By keeping your goals small, you increase the probability of success and therefore of rewarding the client for his appropriate behavior rather than having to punish him for inappropriate behavior.

2) Get clear, objectively measurable goals. Be sure that the client understands what he is to do. As a check, ask him to restate what he is to do.

3) If your program doesn't work at first, don't give up since it usually takes a bit of time for the client to understand that you are serious about this.

4) Spell out what will happen if he does or doesn't do what he has agreed to. Be sure these consequences are meaningful to the client. You may even want to consider writing a formal contract with the client. Be sure to include the positive as well as the negative consequences of different behaviors in the contract.

5) Be sure that you have complete support from all persons who work with the client so that everyone is consistent in dealing with him. This is very important, especially with clients who have difficulty in being consistent themselves. We must provide a consistent environment if he is to learn consistency.

6) Begin with only one contract focusing on one behavior and stick to that long enough so that the client has truly understood that you will follow through with the consequences. It is a mistake to write too complex a contract in the beginning. The client will have difficulty remembering it and it will be difficult to get complete consistency with all people working with him. After a few simple contracts, then you can gradually increase the number and scope of your program with him.

LYING

PROBLEM: "We have some clients whom we cannot trust what they say. What can we do?"

SUGGESTIONS:

1) Include the client fully in your planning. He should understand exactly what it is that you want him to do and he should understand the seriousness of the commitment which staff are making to try to help him change. If possible, get his suggestions for strategies to deal with the problem. It is important if we are to establish open, honest communication with the client that he understand every part of the plan from the beginning.

2) Make sure the client understands what is meant by the words "truth" and "lies."

3) Try to arrange things so that lying does not pay off while telling the truth does. This will require communication among staff and clarity and consistency in dealing with the client. A precise, written contract signed by the client is often helpful with verbal clients. Staff can be instructed to check up on what a client says while the client is still present. If he has told the truth, he should receive praise. If he has not, there should be some appropriate consequence. The client should have input as to what the "appropriate consequence" should be and he should agree to it.

4) Ask if there are some circumstances where he can be trusted to tell the truth. Review these circumstances and see what it is that causes the client to be honest and see if we can increase those circumstances. For example, he may be very honest with people who are fair with him or who are sympathetic to him. This can give us clues in how to treat the client so as to increase his honesty.

5) Since the short-term consequences of lying are often positive and since clients frequently have had this pattern for a good deal of time, we must be realistic about how fast it can change. Often progress will be very slow, particularly at first. For this reason, it is often good to keep records over long periods of time so that we can see how we are making progress even when there are temporary relapses.

CLIENT REPEATS THE SAME QUESTIONS OVER AND OVER AGAIN

....WHEN IS MY MOTHER COMING ??

PROBLEM: "We have a number of clients who keep pestering staff with the same question such as 'When is my mother coming' or 'Will the bus be on time,' etc. This is very annoying and time-consuming for staff. What can we do?"

SUGGESTIONS:

1) Involve the client and explain to him or her that it is very important to decrease the number of these questions. He should understand and accept any plan that is developed.

2) Set an initial goal of not asking any questions for a short period of time. An example of such a goal is "Billy will work for 10 minutes without asking the staff any questions about the bus home." Start with very short periods of time and, when the client is successful with these goals, then gradually increase the period of time when he is not asking questions of staff. Staff should be instructed to ignore these repeated questions during the "no question periods." Only meaningful questions should be answered. It is important that all staff be consistent in how and when they respond to these repeated questions.

3) Be sure that positive attention and support is given to the client for his success in controlling his own behavior. Don't expect success quickly. Progress will be slow at first and may take a considerable time.

4) Evaluate the client's present activities to be sure that they are sufficiently meaningful and involving for him. Frequently if clients are more involved and interested in their activities, they are less likely to ask these repetitive questions.

5) Observe the client and note when he or she does not ask questions. This may take some careful record keeping but such data can often point to the circumstances that cause and do not cause the behavior. This can be helpful in designing programs to displace the problem behavior.

CLIENT MANIPULATES STAFF

PROBLEM: "Some clients are very skillful at getting what they want out of staff by telling each staff person what he thinks they want to hear instead of being consistent and truthful with staff. What can we do?"

SUGGESTIONS:

1) Be precise by what you mean by "manipulates staff." This is a term that staff tend to use loosely. Each staff person concerned should identify very specifically what they mean by "manipulation" with examples. This will help a great deal in improving communication among staff members and also in identifying what it is we want to change.
2) Clients cannot manipulate staff unless the staff permit it. The best way to deal with this type of behavior is through staff education and communication. It is important that all staff be aware of this problem and also, that there be close communication among staff members about what they have told the client. Circulating copies of IWPP's to all staff can help communication. The client should also know that staff are in constant communication with each other.
3) Once we have identified exactly what it is the client does that is inappropriate and once we have clear communication among staff dealing with the client, everyone should give the client immediate and clear feedback when he or she engages in the inappropriate behavior.
4) Be very clear about what the client is expected to do. Be sure the IWPP plan is clearly written and spells out, in detail, what each person's responsibilities are.

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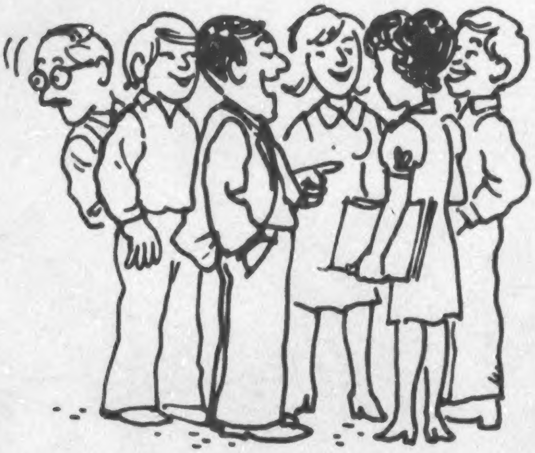
SEIZURES-SOCIALLY DETERMINED



PROBLEM: "We have several clients who are prone to epileptic seizures; however, we have noted that they usually have these seizures when they want attention or want a way out of some difficult social situation. What can we do?"

SUGGESTIONS:

1) Be sure the client has a complete physical (especially neurological) examination, that he has a prescribed medication and that he is taking his medication.

2) Keep a careful record of the conditions under which the client has these seizures and the situations when he does not have seizures. It is important to keep records of both types of events, and not just the seizure event. It is also important to have objective records because we can often distort our own memories and think that these seizures are occurring in social situations because they are the only ones we remember.

3) If the client can understand you, ask for his cooperation and, if possible, jointly work out a program to help him control his seizures. If he can recognize when the seizure is coming on, help him to develop some distracting activities or ask him what he does in other circumstances which have helped him to avoid seizures. It will be helpful to review your objective records of situations where he does not have seizures for ideas for distracting himself early in the seizure sequence.

4) Have some special rewards for the client controlling his seizures. Take situations where he frequently has had seizures in the past and, if he avoids a seizure in those situations, he should receive some special reward that is important to him. As he gains control over his seizures, shift to attention and praise as a reward.

5) If a seizure seems to be an attention-getter at social functions, then remove the client from the function as soon as the seizure subsides. This will minimize getting attention for the behavior.

6) Get complete support from all staff and all other clients and family members who have contact with the client. It is very important that everybody be consistent across all shifts and situations in dealing with this type of behavior. Everyone should be supportive and encouraging the client to control his behavior and, at the same time, should not be giving special social attention for the seizure behavior.

TEMPER TANTRUMS

PROBLEM: "This client will suddenly burst into a rage and upset everyone around him. He makes everyone, including himself, miserable. Isn't there anything we can do?"

SUGGESTIONS:

1) If possible, try to intercept the client before his temper gets out of control. Often the client will be willing to come to you for help when he senses that his feelings may get out of control. The best time to stop a temper tantrum is before it happens by distracting the client and by getting him out of the situation which he cannot handle.

2) Ask the client for his suggestions about what you could do to help him control his temper. Make him an active part of the program. Most clients are unhappy about losing their temper and willingly cooperate to help in developing the program.

3) Imagine yourself as the client and go through, in your mind, a recent temper tantrum that he had. Start with the events that led up to the temper tantrum and, as you imagine yourself in the client's shoes, think "what could I realistically do differently to control my temper or what could other people do to help me control my temper?"

4) Are there sometimes when the client does control his temper? When is this? What does he do at those times to control his temper? What can we do to help him to use these same strategies at other times?

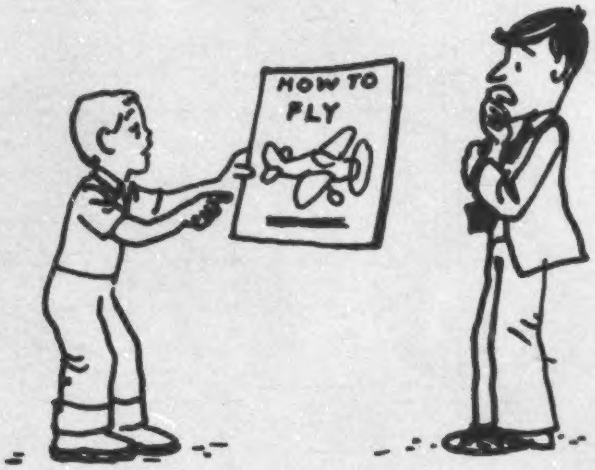
5) Look for some activity that the client likes to do which is incompatible with having a temper tantrum. For example, he may especially enjoy listening to a particular record or playing a certain game. Then, when a tantrum is likely, and before he gets to the boiling point, start him on this special activity that he enjoys. It is important that you do this before he loses his temper so that you are not rewarding him after he has lost his temper.

6) Ignore the tantrum--after checking to be sure the client is not in danger. When we react to the tantrum, the client gets exactly what he wanted--attention.

7) Ask if there is someplace where the client could let off steam but where it would not be so disruptive to others.

8) Have the people who work directly with the client pay attention and praise the client when he does handle stress well. This will help him to develop these skills.

CLIENT WANTS UNREALISTIC GOALS



PROBLEM: "Our clients want to do things that are not possible for them to do. How can we explain this to them and still have them feel that they are involved in the process?"

SUGGESTIONS:

1) Do not be afraid to share your views openly and honestly with the client. While you should not force your views on him, at the same time, you should also give him the benefit of your honest opinion. Tell him honestly what you think and he will respect you more for it, even if he doesn't agree with you.

2) Offer the client some choice among realistic goals. In this way he can be involved in selecting a goal and won't feel that you are cutting him out of the selection process.

3) Question the client carefully to be sure you know precisely what he wants from his goal. For example, a client may say he wants to fly an airplane but, in reality, he will be very happy to simply sit in a cockpit of an airplane.

4) When a client does want something that you know is clearly unrealistic, we find that it is often best not to challenge his long-term goal. Instead, help him focus on some reasonable, short-term goals which could, in the long run, contribute to achieving his long-term goal (e.g., learning basic job skills so he can get his first job). In this way, you are not arguing with him about what he wants in the long run and he sees you as working with him and helping him.

5) Let the client observe or experience what would be involved in achieving his goal. He may then choose a more realistic goal.

REGRESSION - CLIENT BACKSLIDES

PROBLEM: "Things started out all right on our plan, but then everything went to pieces and he seems to be worse than when we started. What can we do?"

SUGGESTIONS:

1) Start a new plan. Start where the client is now and then build in small reasonable steps. If he has regressed, that simply means that "where he is now" has shifted and we have to shift the plan.

2) Look at what is causing the regression. Frequently this has nothing to do with the approach used in the plan, but it is something entirely outside. For example, the client has a fight with his mother and so, temporarily, stops working on any of his goals. In this case, stick with the original IWPP plan and turn your efforts to the more basic cause of the regression.

3) If the client has had a history of "ups and downs" in his programming, then just wait for things to settle down before re-instituting the IWPP plan. Don't panic and change the plans when all we really need to do is to wait the client out for a short period.

4) Keep records of the client's progress over long periods of time. In this way you can see that long-term progress is being made even when there is temporary backsliding. This type of data can also help to show whether the regression is temporary or a more serious problem.

5) When talking with the client, focus on the progress that he has made up to this point rather than on the backsliding which may just discourage him from participating in the program.

6) Once a client has achieved the desired behavior, start using "partial reinforcement," i.e., giving him attention and praise irregularly. This will help to maintain his behavior and also help to minimize backsliding.

POOR SOCIAL JUDGEMENT

PROBLEM: "We have clients who would like to be friendly and sociable with other people, but they have poor judgement about what to say and do with other people. Up to a point their behavior does get them attention from others, but then they 'overstep' and other people become angry with them."

SUGGESTIONS:

1) This is a difficult area to change behavior because the client does receive positive responses to much of his behavior and only occasionally and, somewhat belatedly, does he get feedback on what he has done wrong. Therefore, one of the most important things is to try to give him more immediate and more accurate feedback about how others feel about his behavior. Often a trusted friend or staff person can do this best because they are with him in the situations when he tends to get into trouble. Role playing can also be used as a way of teaching these social skills. If role playing is used, it is often good to repeat actual incidents that the client has been involved in.

2) All persons working with this client should be aware of the problem and should be consistent in how they deal with it. For example, if a client tends to ask women questions which are too personal, then all female staff who work with him should be instructed to tell the client immediately when he has become too personal with them. If necessary, model for the staff how to respond to the client.

3) If we would practice the principles of normalization and treat clients the way we treat other adult persons in our society, poor social judgement would be much less of a problem for clients. Too often staff are tolerant of inappropriate social behavior from clients where they would reject the same behavior if from a non-client. Instruction in normalization principles may therefore help staff to better deal with this type of behavior problem.

SEXUAL BEHAVIOR

PROBLEM: "We frequently have problems with clients in the areas of masturbation, petting, procreation, etc. Do you have any suggestions?"

SUGGESTIONS:

1) This is emotionally charged area in our culture and one of the most important things to do in approaching this area to take a dispassionate view of the behavior and to put ourselves in the client's shoes and try to understand what he is feeling and his perspective on the situation. This can help us a great deal in keeping our own heads level and also in communicating to the client that we understand his situation and that we want to help him.

2) There are an increasing number of good discussions of this topic put out by both professional and also by client advocate groups. It is recommended that these sources be reviewed carefully as preparation for dealing with problems in this area.

3) Once we have defined clearly for ourselves what is reasonable and appropriate behavior then we should be very open and clear with clients what our views are. If we want to help the client, we must be prepared to be very direct and open with him and not to hide our own conclusions behind our embarrassment or self-consciousness. Clarity and consistency are two of the best ways to be of help to a client with such an emotionally charged type of behavior.

4) Since sexual behavior must be learned, then it is our responsibility to help clients to learn how to act appropriately. Role playing is a good teaching device. Another is to give the client immediate and honest feedback about his behavior in this area.

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SHORT ATTENTION SPAN

PROBLEM: "We have clients who can concentrate on a task for only a short period of time. Unless they can stick at something for a longer period, we cannot teach them other basic skills. What can we do?"

SUGGESTIONS:

1) Start with very small goals then gradually increase them. You may start with the client working at a task for less than a minute (perhaps even 5 to 10 seconds) then gradually increase that time. The first goal should probably be equal to or a little less than his current attention span. This will familiarize the client with the procedure and let him know that he can be successful. Then increase what you are asking of him in very small steps. Give ample praise and support for the client's accomplishments. One client on such a program went from 30 seconds to 20 minutes during a three year period of training.

2) Do the training with tasks that the client especially likes to do. For example, if the client enjoys puzzles then this would be a good task to use for training.

3) Do the initial training in a quiet location without distractions. Then gradually move back to more normal situations.

4) When you are trying to transfer what has been learned in training sessions to everyday life, be sure that all persons working with the client are aware of the program and are consistent in their demands on him or her.

5) If you are trying to teach new skills to clients with short attention spans, then break the teaching into very small units and give the client some alternate, distracting activity in between training sessions. Another strategy is to alternate several different teaching programs in small time units so that the client is working for a long period of time but is spending only a very short period of time on each program.

STEALING

PROBLEM: "We have a client who takes others' belongings. He doesn't understand that it is wrong to do this and we can't make him stop. Do you have any suggestions?"

SUGGESTIONS:

1) It is very important that all people who deal with the client be consistent in how they deal with the problem. A firm, immediate response which does not reward the client with attention is usually best.

2) Give the client some positive ways to get the things he wants. These could include asking someone for permission to borrow something, or providing ways to earn money for things he wants. Reward the client with praise when he does these things.

3) Have clear consequences for stealing. If possible, the client should help to decide on the consequences. One strategy is for the client to pay a fine consisting of the same thing he stole. For example, if he takes someone's cigarettes, he has to give the person back the amount he took, plus another pack. If he takes money, he has to pay it back plus an additional amount.

4) Poor budgeting is frequently a reason for stealing. By helping the client plan and follow a budget, the pressure for stealing is often reduced.

5) Minimize the chances for stealing by marking items and putting things away.